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County Council of Middlesex.

REPORT

FOR THE

YEAR 1896,

UPON THE

VITAL & SANITARY CONDITION

OF THE

ADMINISTRATIVE COUNTY OF MIDDLESEX,

BASED UPON THE

REPORTS OF THE DISTRICT MEDICAL OFFICERS
OF HEALTH, REGISTRAR-GENERAL'S
RETURNS, ETC.

BY

JOHN F. J. SYKES, D.Sc., M.D.

London :

HARRISON AND SONS, ST. MARTIN'S LANE,

Printers in Ordinary to Her Majesty.

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County Council of Middlesex.

TO THE CHAIRMAN AND MEMBERS OF THE
GENERAL PURPOSES COMMITTEE.

GENTLEMEN,

I have the honour to present to you the Report for the year 1896, upon the health conditions of the Administrative County of Middlesex.

The number of Annual Reports received from the Medical Officers of Health of the Urban and Rural Districts of the Administrative County has been 33, the last having been received on the 7th June. Of these, 31 are printed, one type-written, and one manuscript. The Report of Hanwell Urban District is manuscript, that of Greenford Urban District is type-written, and all the rest are printed.

The forms supplied by the Local Government Board (Tables A and B, Part III) accompany, or are inserted in the text, of all the Reports, except those to be mentioned. In a few Reports, where the tables are split up and intercalated with the text, parts of the classification are omitted or so compiled as to be a little difficult to re-adjust, with accuracy, in order to fit into the Tables A and B in this Report; this applies, for instance, to the Enfield Report, especially in the matter of ages, but could be easily adjusted. On the other hand, the omission of Table A, or of some substitute for it, is a serious omission, as will be seen by the fact that it has not been possible to insert, in Table A of this Report, the ages at death in the Districts of Friern Barnet, Southgate, South Hornsey, and Wood Green.

The Tables C (I), (II), (III), (IV), of sanitary work accomplished, either in full or abbreviated, in manuscript or in print, accompany or are appended to 21 of the 33 Reports. In seven Reports more or less classified summaries appear. But, in five Reports, either an unclassified list or no tabular statement at all appears; this applies to the Districts of Hampton, Harrow, Staines (Urban), Wembley, and Uxbridge (Rural).

The tables relating to notification of infectious diseases, infectious hospitals, ambulances, and disinfecting chambers have been brought up to date.

In the map prefacing this Report is graphically shown the incidence of mortality from the principal zymotic diseases during the year in each of the Districts of the County, by means of different depths of shading.

As in previous years, the Report has been divided into three parts: the first relating to the County as a whole, the second containing summaries of the Reports of the Medical Officers of Health of the Districts, and the third containing the statistical tables.

I have the honour to be,
Gentlemen,

Your obedient Servant,

JOHN F. J SYKES.

40, Camden Square, N.W.

PART I.—THE COUNTY.

CHAPTER I.—VITAL STATISTICS.

SECTION 1.—PUBLIC INSTITUTIONS.

As in previous years, it is necessary in the first place to take account of the public institutions. These institutions give rise to more troubles and complications, and occupy more time than all the rest of the statistics together. The diverse manner in which they are treated is most confusing ; in one District the population, births, and deaths in the workhouse are all included in the statistics, in another all excluded, in a third, part included and part excluded, in a fourth, the population and births are included, and the deaths excluded, so that no uniform method is adopted.

To the Report for the year 1892 was appended a list of those public institutions in the County of Middlesex taken into account by the Registrar-General in the Returns of the Census of 1891. In the Report for 1893, a more or less complete account of the public institutions in the County was given, and their effect upon the statistics of the County discussed. In the Report for 1894 the method of treating them, and the effects of public institutions were further discussed, and again further in the 1895 Report.

Briefly, the conclusions come to were that the population, births, and deaths in hospitals, asylums, and workhouses

not belonging to the County, or any District of the County, should be altogether excluded. That all schools and homes, and those hospitals, asylums, and workhouses belonging to the County or any District or Union should be included.

With regard to exclusion, the course indicated is now generally followed. With regard to inclusion, schools and homes are now generally included, hospitals are wholly or partly included in the Districts to which their inmates belong, the asylum is situated outside the County, but the greatest difficulty is experienced in reference to workhouses.

In a few instances the proportion of population, births, and deaths, with their ages and causes, which have been excluded from the District in which the Union Workhouse is situated, have been included in the proper District of the Union to which they belong, but this method is not generally adopted. In fact, the methods are so diverse that it is an impossibility to reduce them to uniform figures. There appear to be about four or five hundred deaths, about a quarter that number of births, and about four or five times that number of population in the workhouses of the Unions, some wholly, some only partly within the County, that are not properly distributed. Some idea may be obtained of this by referring to the accompanying table, which is an attempt to tabulate the population, births, and deaths in the workhouses of the Unions and the Districts to which they should be distributed—the hopelessness of this is at once apparent.

It has been pointed out that the best way to overcome this difficulty of distribution would be for each workhouse

to issue at the end of the year a summary of its statistics, on Forms A and B, giving in the forms the figures with regard to each Sanitary District of the Union stated as separate localities, and to supply each of these separate localities, or Districts, with a copy, and if the County Council were also supplied with copies of the Returns from all the Union workhouses, a complete account of the statistics of Unions stated separately and conjointly could appear in the Annual Report.

POPULATION IN PUBLIC INSTITUTIONS.

The population of each of the workhouses, as far as they could be approximately ascertained, was stated in the Report of 1893. In the adjoining table and in the summaries in this Report, the populations will be found stated where recorded in the Reports of the Districts for the year 1896.

BIRTHS IN PUBLIC INSTITUTIONS.

The number of births that have taken place in workhouses have been recorded where found stated in the District Reports.

DEATHS IN PUBLIC INSTITUTIONS.

In a similar manner the deaths in workhouses have been treated, but it must be remarked that to include the population and births and to exclude the deaths does not conduce to accurate statistics. In short, unless the whole facts are stated completely with regard to public institutions, and the necessary corrections made in the District Reports, it is difficult to deal with them in the completest manner, although the results may be regarded as approximately comparable.

COUNTY OF MIDDLESEX.

POOR LAW UNION WORKHOUSES AND THE DISTRICTS COMPOSING THE UNIONS.

WORKHOUSES AND DISTRICTS. (W = District in which Workhouse is situated.)	Estimated Population.	Births.	Deaths.	—
EDMONTON UNION WORKHOUSE ..	634	44	153	Stated in Edmonton Report. The ages and causes of these deaths are set out in the Report of the Edmonton District. These are not included in the Reports of the respective Districts.
Edmonton Urban District (W) ..	157	4	45	
South Hornsey " ..	25		0	
Hornsey " ..	50		25	
Wood Green " ..	51		0	
Tottenham " ..	213	40	54	
Southgate " ..	17		5	
Enfield " ..	71		15	
(Herts) Cheshunt Urban District ..	29		5	
(Essex) Waltham Holy Cross Urban Dist.	21		4	
HENDON UNION WORKHOUSE ..	349	36	95	Stated in Hendon Urban Report. These are included in Hendon Urban District, but ages and causes of death are not separately stated in the Report. The workhouse population, births and deaths are included in the Willesden District but not in the other Districts.
Hendon Urban District (W) ..	75	7	23	
Willesden " ..	200	13	31	
Harrow " ..				
Wealdstone " ..				
Wembley " ..				
Hendon Rural District ..				

		(?)	(?)	(?)	(?)	(?)	(?)		
BRENTFORD UNION WORKHOUSE									
Heston & Isleworth Urban District (W)	..	(?)	(?)						
Greenford Urban District	..	(?)	(?)						
Acton	..								
Ealing	..								
Hanwell	..								
Chiswick	..								
Brentford	..								
Twickenham	..								
STAINES UNION WORKHOUSE									
Staines Rural District (W)	..	191	0					18	
Sunbury Urban District	..	—	—					—	
Staines	..	—	—					—	
UXBRIDGE UNION WORKHOUSE									
Uxbridge Rural District (W)	..	190	(?)					25	
Uxbridge Urban District	..	(?)	—					18	
Southall-Norwood Urban District	..	—	—					11	
	..	—	—					2	
BARNET UNION WORKHOUSE									
Hertfordshire Districts (W)	..	—	—					—	
Triern Barnet Urban District	..	—	—					(?)	
Finchley	..	—	—					12(?)	
South Mimms	..	—	—					(?)	

The ages and causes of these deaths of non-residents are given in Table A. of the Heston and Isleworth District, but omitted from the Reports of the other Districts.

All given and included in the Staines Rural District, 5 of the deaths are again included in the Staines Urban District.

Set out in Report of Uxbridge Rural District.

Excluded in Report.

Included in Report.

”

Included.

”

”

Poor Law Union Workhouses and the Districts composing the Unions—*continued.*

WORKHOUSES AND DISTRICTS. (W = District in which Workhouse is situated.)	Estimated Population.	Births.	Deaths.	—
KINGSTON UNION WORKHOUSE	—	—	—	
Surrey Districts (W)	—	—	—	
Teddington Urban District ..	—	—	—	
Hampton " "	—	—	—	
Hampton Wick Urban District ..	—	—	—	

NOTE.—It is necessary to mention that, in addition to stating the number of deaths, etc., occurring in the workhouse, it is also necessary to state the ages and causes of the deaths, otherwise they cannot be excluded from, or included in, Table A., as the case may be.

POPULATION OF THE DISTRICTS AND OF THE COUNTY.

It will be observed that the changes of areas consequent upon the Local Government Act, 1894, and first introduced into the Report for 1894, are permanent and remain the same in this Report, there being 29 Urban Districts and four Rural Districts in the County. It is unnecessary to detail the changes, as they were fully set out in the Report for 1894.

As in previous Reports, the estimate of population made by the Medical Officer of Health, with his local knowledge, has been taken as the basis for the statistics of each District, and collectively for the County. The difficulty of making such estimates may be illustrated by two quotations :—

Mr. C. A. Patten (Ealing Urban District) reports that “It is no easy matter to make an exact estimate of the population of a rapidly increasing neighbourhood at a period about midway between the past and the coming census, but I have made as accurate a calculation as is possible, based upon the census of 1891, the supposed number of inhabited houses in the district, the natural increase (or excess of births over deaths), and, to some extent also, the method pursued by the Registrar-General.”

Mr. F. C. Dodsworth (Chiswick Urban District) remarks that “In a population enumerated once in ten years only, and subject to fluctuation, the difficulty of forming an approximate estimate increases in proportion as each year of the decimal period passes, until the next census is taken; in order to avoid this it has been suggested that a quinquennial enumeration should take place.”

BIRTHS.

The highest birth-rate occurred, as in the previous year, in the Brentford Urban District, 33·6 per 1,000 of population; followed by Sunbury Urban, 33·2; South Mimms Rural, 33·0; Willesden Urban, 32·2; Staines Urban, 31·5; and Hendon Urban, 31·2.

The lowest birth-rate per 1,000 of population occurred, as in the previous year, in Ealing Urban District, 20·6; followed by Hornsey Urban, 20·8; Teddington Urban, 21·5; Hampton Wick Urban, 21·8; Hendon Rural, 22·5; and South Hornsey Urban, 22·3.

The birth-rates per 1,000 of population of the Urban Districts, the Rural Districts, the County, England and Wales, London, and the 33 great towns, are set out in the following table for comparison:—

Localities.	Population.	Births.	Birth-Rates.
Urban Districts	621,365	17,333	27·9
Rural Districts	45,036	1,263	28·0
Administrative County ..	666,401	18,596	27·9
England and Wales ..	30,717,355	917,201	29·7
London	4,421,955	135,796	30·2
33 great towns	10,846,971	339,115	30·7

NOTE.—The figures for Middlesex in this and the following similar tables in this chapter are taken from Table A. in Part III, to which reference may be made as to what is included, and what is excluded.

DEATHS.

The highest death-rate was recorded in the Brentford Urban District, 18·9 per 1,000; followed at some distance by Acton Urban, 15·7; Edmonton Urban, 15·6; Willesden Urban, 15·3; South Mimms Rural, 15·1; Uxbridge Urban, 14·9; Hanwell Urban, 14·7; Heston and Isleworth Urban, 14·5; and Chiswick Urban, 14·3.

The lowest rate was recorded in Greenford Urban District, 8·0; followed by Hornsey Urban, 8·4; Hampton Wick Urban, 8·4; Friern Barnet Urban, 8·5; Harrow Urban, 8·5; Wembley Urban, 8·9; Southgate Urban, 9·3; Ealing Urban, 9·7; and no Rural District appearing amongst these.

The following table gives the death-rates per 1,000 of population in the Urban Districts, the Rural Districts, the County, England and Wales, London, and the 33 great towns:—

Localities.	Population.	Deaths.	Death-Rates.
Urban Districts	621,365	7,969	12·8
Rural Districts	45,036	562	12·5
Administrative County ..	666,401	8,531	12·8
England and Wales ..	30,717,355	527,929	17·1
London	4,421,955	83,511	18·6
33 great towns	10,846,971	208,534	18·9

The death-rate of the Urban Districts is 0·9, of the Rural 2·5, and of the County 1·0 per 1,000 lower than in the previous year; and of London 1·2, of England and Wales, 1·6, and of the 33 great towns 1·8 lower.

At the foot of Table A., table of deaths, on the form supplied by the Local Government Board for the purpose of recording the mortality of a District, are two additional lines, one for recording the “deaths occurring outside the District amongst persons belonging thereto,” and the other for recording the “deaths occurring within the District amongst persons not belonging thereto,” and above these two lines, and separating them from the table above them, are the words “the subjoined numbers have also to be taken into account in judging of the above records of mortality.” Dr. Kenwood (Finchley) makes what appears to be an improvement upon this method. Instead of leaving the reader the tedious, if possible, task of making the corrections, he makes the corrections and alters the heading to read “the subjoined numbers have been taken into account in the above records of mortality.” If any one desires to obtain the uncorrected figures it is easy enough to reverse the process. Besides, this method affords more information, inasmuch as the corrections are distributed to their proper Sub-Districts, a transfer which none but the Medical Officer of Health of the District can correctly perform.

AGES AT DEATH.

The infantile mortality, or deaths under 1 year of age, to every 1,000 births, is a most accurate test of the mortality of infants, because the correct number of births and deaths are known as a basis for the calculation.

The highest infantile death-rate was recorded in Brentford Urban District, 185 per 1,000 births; followed by Edmonton Urban, 173; Acton Urban, 169; Willesden Urban, 166; Wealdstone Urban, 163; Hendon Urban, 160; Tottenham Urban, 152; Wood Green Urban, 151; Heston and Isleworth Urban, 151; and no Rural Districts amongst them.

The lowest rate, omitting Hampton Wick Urban (0), was recorded in Greenford Urban, 48; followed by Staines Urban, 69; South Mimms Rural, 80; Sunbury Urban, 82; Friern Barnet Urban, 84; Wembley Urban, 92; Finchley Urban, 93; and Staines Rural, 96.

The infantile mortality rates per 1,000 births are shown below, comparing the same localities as the previous tables:—

Localities.	Births.	Deaths under 1 year.	Infantile Mortality Rate per 1,000 Births.
Urban Districts	17,333	2,465	142
Rural Districts	1,263	129	102
Administrative County ..	18,596	2,594	139
England and Wales	917,201	135,487	148
London	135,796	21,853	161
33 great towns	339,115	56,768	167

In reference to infantile mortality, Mr. Garry Simpson (Acton Urban District) reports—"The following causes, in my opinion, contribute towards making the infant mortality so high in England :—

"1. Contagion of microbes in milk.

"2. Ignorance of parents as to suitable food to give a child brought up by hand.

"3. Bad ventilation and overcrowding, especially in the houses of the working classes, which induces a lowered state of vitality, and rickets.

"4. Children being placed under the care of others during the absence of the mother at work.

"5. It appears to me the only way to combat the above evils, would be to educate the mothers, which could be done by lectures, say at mothers' meetings, or else the medical practitioner in attendance at the confinement could give the mother written instructions how to bring up her offspring.

"A crèche, under the supervision of an experienced nurse, should exist in the several Districts, and be partly self-supporting."

Dr. Wentworth Tyndale (Hampton Urban District) advises that "Parents cannot be too careful to avoid the administration of any solid food in the early months of life, and also to exercise extreme cleanliness in preparing food, which is most vital to an infant's well-being; together with heating milk up to 180 degrees, or boiling point—this entails very little extra trouble, and will be amply repaid by good results."

On the same subject, Mr. C. E. Goddard (Wembley Urban District) remarks—"I was glad to notice that the Medical Officers of Health for Harrow and Wealdstone advocated the use of an incubator for those born prematurely and debilitated from birth, and I trust, whenever one is set up, our District may have access to it. Visitors to Paris can see for themselves, at a large Maternity Charity, to which the public are admitted, a number of these puny infants being reared in an incubator, and daily improving by this method: but then, in France, a high birth-rate is considered most desirable, and every effort is made to rear all infants born alive, however heavily handicapped they may be at the start.

"It is satisfactory to notice that mothers are getting less ignorant in the matter of the artificial feeding of infants, and the hygienic management of the home generally, and this, no doubt, is partially due to the gradual dissemination of knowledge by lectures and nursing societies."

ADMINISTRATIVE COUNTY OF MIDDLESEX, 1896.

Districts.	Estimated Population, 1896.	Births, 1896.	Birth- Rate.	Deaths, 1896.	Death- Rate.	Deaths under 1 year, 1896.	Infantile Mortality per 1,000 Births.	Notes.
Acton ..	29,454	894	30.3	464	15.7	151	169	These figures are taken from the Summaries in Part II., to which reference may be made as to what is in- cluded, and what is excluded.
Brentford ..	14,638	492	33.6	278	18.9	91	185	
Chiswick..	25,182	724	28.5	355	14.3	108	149	
Ealing ..	31,500	651	20.6	308	9.7	70	107	
Edmonton ..	32,045	975	30.6	500	15.6	169	173	
Enfield ..	36,000	1,069	29.7	475	13.2	158	148	
Finchley..	18,651	496	26.6	200	10.7	46	93	
Friern Barnet ..	8,377	213	25.4	72	8.5	18	84	
Greenford ..	747	21	28.1	6	8.0	1	48	
Hampton ..	6,000	157	26.1	67	11.2	17	108	
Hampton Wick..	2,378	52	21.8	24	8.4	0	0	
Hanwell ..	6,632	175	26.3	98	14.7	23	131	
Harrow ..	8,373	194	23.7	71	8.5	22	113	
Hendon ..	18,588	560	31.2	258	13.8	95	160	
Heston and Isleworth ..	28,352	790	27.9	411	14.5	119	151	

URBAN.

CAUSES OF DEATH.

As in previous years, it is desirable to set out the two classes of diseases known as the "principal zymotic diseases," and the "scheduled notifiable infectious diseases," in order to avoid error and to show what is embraced in each class and how far they coincide and differ:—

Principal Zymotic Diseases.	Scheduled Notifiable Infectious Diseases.
Smallpox Scarlet Fever Diphtheria or Membranous Croup Typhus Fever Enteric Fever Continued Fever	Smallpox Scarlatina or Scarlet Fever Diphtheria and Membranous Croup Typhus Fever Enteric or Typhoid Fever Continued Fever
Measles Whooping Cough Diarrhoea and Dysentery	Relapsing Fever Puerperal Fever Cholera Erysipelas

In the following table the deaths and death-rates from each of the two classes of disease in each of the Districts of the County, Urban and Rural, are set out for the purpose of comparison.

ADMINISTRATIVE COUNTY OF MIDDLESEX, 1896.

Districts.	Estimated Population 1896.	Deaths from scheduled noti- fiable diseases.	Death- Rate per 1,000 Pop.	Deaths from principal zymotic diseases.	Death- Rate per 1,000 Pop.	Notes.
URBAN.						
Acton	29,454	11	0·37	93	3·1	These figures are taken from Table A, Part III., to which reference may be made as to what is in- cluded, and what ex- cluded.
Brentford	14,638	11	0·75	68	4·6	
Chiswick	25,182	17	0·67	76	3·0	
Ealing	31,500	10	0·32	57	1·8	
Edmonton	32,045	18	0·56	123	3·8	
Enfield	36,000	23	0·64	99	2·7	
Finchley	18,651	7	0·37	24	1·3	
Friern Barnet	8,377	4	0·48	13	1·5	
Greenford	747	0	0·0	0	0·0	
Hampton	6,000	2	0·33	5	0·8	
Hampton Wick	2,378	3	0·13	3	1·3	
Hanwell	6,632	5	0·75	32	4·8	
Harrow	8,373	1	0·12	9	1·1	
Hendon	18,862	7	0·37	51	2·7	
Heston and Isleworth	28,352	21	0·74	65	2·3	
Hornsey	62,076	28	0·45	59	0·9	
Southall-Norwood	7,184	7	0·97	21	2·9	
Southgate	12,500	4	0·32	5	0·4	
South Hornsey	17,200	13	0·76	42	2·4	
Staines	5,270	2	0·38	4	0·7	
Sunbury	4,400	4	0·91	5	1·1	
Teddington	12,100	4	0·33	13	1·1	
Tottenham	83,790	61	0·73	217	2·6	
Twickenham	18,000	8	0·44	16	0·9	
Uxbridge	8,636	5	0·58	10	1·2	
Wealdstone	3,141	1	0·32	5	1·6	
Wembley	4,340	2	0·46	6	1·4	
Willesden	85,421	69	0·81	296	3·5	
Wood Green	30,116	20	0·66	87	2·9	
RURAL.						
Hendon	7,679	3	0·39	7	0·9	
Staines	19,500	11	0·56	27	1·4	
South Mimms	2,510	1	0·39	3	1·2	
Uxbridge	15,347	8	0·52	33	2·1	

The highest zymotic death-rate was recorded in Hanwell Urban District, 4·8; followed by Brentford Urban, 4·6; Edmonton Urban, 3·8; Willesden Urban, 3·5; Acton Urban, 3·1; and Chiswick Urban, 3·0.

The lowest zymotic death-rate, excluding Greenford Urban District, 0·0, occurred in the Southgate Urban District, 0·4; followed by Staines Urban, 0·7; Hampton Urban, 0·8; Hornsey Urban, 0·9; Twickenham Urban, 0·9; and Hendon Rural District, 0·9.

The deaths and death-rates from the principal zymotic diseases are shown for comparative purposes in the following table:—

Localities.	Population.	Deaths from Zymotic Diseases.	Zymotic Death- Rate.
Urban Districts	621,365	1,504	2·42
Rural Districts	45,036	70	1·55
Administrative County ..	666,401	1,574	2·36
England and Wales	30,717,355	66,936	2·18
London	4,421,955	14,100	3·14
33 great towns	10,846,971	31,550	2·86

The map prefacing this Report shows the various Districts of the County, shaded to show the incidence of zymotic mortality during the year.

The highest recorded mortality from the scheduled notifiable diseases occurred in Southall-Norwood Urban District, 0·97; followed by Sunbury Urban, 0·91; and Willesden Urban, 0·81.

The lowest mortality, omitting Greenford Urban District, 0·0, occurred in the Harrow Urban District, 0·12; followed by Hampton Wick Urban, 0·13; all the remaining districts being above 0·3.

The number of deaths and the death-rates of the notifiable infectious diseases are shown below, in tabular form, for comparison.

Localities.	Population.	Deaths from Notifiable Diseases.	Notifiable Diseases. Death- Rates.
Urban Districts	621,365	368	0·59
Rural Districts	45,036	23	0·51
Administrative County ..	666,401	391	0·58

INQUESTS.

In reference to this subject, Dr. C. D. Green (Edmonton Urban District) expresses the opinion that—"It is, I think, much to be regretted that the Coroner has no power to use his discretion as to the holding of a formal inquest after receiving a report of the post-mortem examination, as in those cases which are found to be obviously due to disease, the attendance of a jury might then be dispensed with, and much inconvenience would be saved to those liable to serve as jurors."

He further observes that—"These enquiries are for the most part held at the Cemetery House. Representations have, from time to time, been made to the Council as to the desirability of providing a mortuary and inquest room in a more central part of the District, and within easier access of the public means of conveyance, and the Surveyor has been instructed to prepare plans and estimates for such a building, but up to the present the plans, so far as I am aware, are not complete."

CHAPTER II. — INFECTIOUS DISEASES.

SECTION 1. — NOTIFICATION AND DISEASES.

THE notification of infectious disease is in force in every District of the Administrative County. In the Willesden District compulsory notification has been in force since 1887 under a Local Act, but in all the other Districts the Infectious Diseases (Notification) Act, 1889, was adopted between 1889 and 1892. The date when notification came into force in each District is stated in the table below. The Act was in force in Sunbury in 1890, prior to its separation from the Staines Rural District, and in Wealdstone and Wembley in 1891, prior to their severance from the Hendon Rural District.

It will be observed that, prior to or in 1894, Friern Barnet, Hampton, Hendon, Heston and Isleworth Urban Districts, and Hendon Rural District, added measles to the notifiable diseases scheduled in the Act, and that Hendon Urban District also added whooping-cough; that the resolutions making these diseases notifiable were rescinded or expired in 1894, in the Heston and Isleworth Urban and the Hendon Rural Districts, and, in 1896, in the Friern Barnet Urban, and Hendon Urban Districts; and that they were again adopted, in 1896, in the Friern Barnet Urban, and Heston and Isleworth Urban Districts. In the number of cases notified and quoted in the third column of the table below, measles and whooping-cough have not been included.

To the table below is also added a column in reference to the Infectious Diseases (Prevention) Act, 1890, and a note made where adopted, to which the dates will be added when known :—

NOTIFICATION OF INFECTIOUS DISEASES.

Districts.	Since when notification in force?	Cases of scheduled diseases notified, 1895.	Diseases added to those scheduled in Act.	Infectious Diseases (Prevention) Act adopted?
URBAN.				
Acton	Jan., 1890	259		
Brentford	Dec., 1889	103		
Chiswick	Jan., 1890	320		
Ealing	Jan., 1890	141		
Edmonton	March, 1891	396		
Enfield	Jan., 1890	323		
Finchley	Jan., 1890	85	..	Yes.
Friern Barnet	Jan., 1891	49	{ Measles, Oct., 1894, for 2 years, and again added end of 1896. }	Yes.
Greenford	1892	5		
Hampton	1890	82	Measles.	
Hampton Wick	Feb., 1890	8		
Hanwell	March, 1890	80		
Harrow	1890	60		
Hendon	1891	168	{ Measles and whooping-cough, 1894, rescinded Dec., 1896. }	
Heston and Isleworth	Jan., 1890	283	{ Measles, rescinded 1894, again added Sept., 1896. }	
Hornsey	Jan., 1890	709		
Southall-Norwood	July, 1891	74	..	Yes.
Southgate	Dec., 1889	95		
South Hornsey	Sept., 1892	127		
Staines	1890	22		
Sunbury	Jan., 1890	33		
Teddington	Feb., 1890	76		
Tottenham	1890	1,087		
Twickenham	Jan., 1890	109		
Uxbridge	Jan., 1890	63		
Wealdstone	1891	26		
Wembley	1891	24		
Willesden	Oct., 1887	815		
Wood Green	March, 1890	193		
RURAL.				
Hendon	1891	57	{ Measles, rescinded 1894. }	
Staines	Dec., 1891	103		
South Mimms	Feb., 1890	34		
Uxbridge	Jan., 1890	143		

SMALLPOX.

During the year, 20 cases of smallpox were notified in the County, but no deaths were recorded. In the previous year the number notified was 24, and there were also no deaths recorded. In 1894 there were 65 cases, and 5 deaths.

SCARLATINA.

The prevalence of scarlet fever varied; in the majority of Districts there was a marked increase as compared with the previous year, but in some Districts there was a slight diminution.

With reference to the increased prevalence of scarlet fever, Dr. Clothier (Hornsey Urban District) reports:—

“The spread of the disease is, I believe, to a large extent to be accounted for by the mildness of the cases, which have been in several instances not notified until desquamation had set in, and had consequently been the means of extending the infection.

“Another reason for this is that the first cases being of so mild a nature it has not been considered desirable to have them at once taken to a hospital. They have consequently been treated at home, in the hope that they could be properly isolated, resulting in many instances in other cases in the infected houses.

“There seems to be an opinion, which has been frequently expressed to me lately, that, because a case of scarlet fever is a mild one, it can be effectually isolated at home, and the period during which it is infectious is

correspondingly short, whereas it is a well-known fact that the less severe the case the longer is the time taken generally for the completion of the desquamation.

“It should also be understood that it by no means follows that a mild case may not be the means of communicating the disease to another patient in a much more severe form. With a view to stopping the spread of this disease special means are being taken in the Districts principally affected, and a circular note is to be sent to the medical gentlemen practising in the neighbourhood, urging them to use their best endeavours to the same end, but principally to impress on parents the paramount necessity of sending first cases as promptly as possible into hospital, and, failing that, to see that instructions as to isolating the patients at home are strictly carried out.

* * * * *

“Before passing from the subject of scarlet fever, I should like to allude to the great advantage scarlet fever cases, treated in an isolation hospital, have over those treated at home. In the former case, patients are able as soon as their condition permits (which is usually in about 10 to 14 days) to avail themselves of out-door exercise and sunshine, which materially aid the progress of the cases, and greatly assist in getting rid of the infection. On the other hand, where the patient has to be isolated in a private house, in only very exceptional cases indeed can facilities be afforded which will enable such patient to take open-air exercise without in some way breaking through the isolation. In fact, in practice it is found that patients suffering from scarlet fever and treated at home are usually confined to one or two rooms until they can be pronounced free from infection, a period often lasting

from six to eight weeks. There can be no doubt, I think, that children especially will be found to get on much better when enabled to play out of doors with their fellow-sufferers, and the condition of such children at the end of their illness will compare very favourably with that of less fortunate sufferers who have been confined to their homes, as regards both their general health and their freedom from infection."

Mr. J. D. Windle (Southall-Norwood Urban District), reports in a similar strain:—

"With regard to the continued prevalence from year to year, it is the slight ambulatory cases of scarlet fever which act as insidious carriers of the disease from person to person, and which, being unrecognised, escape isolation.

"Moreover, during the prevalence of scarlet fever, it is a very common thing to find children and adults, who have previously had scarlet fever, suffering from sore throat.

"To all appearances nothing else may be the matter—no eruption or fever; but it is acknowledged by authorities on the matter, that such throats are capable of conveying the poison of scarlet fever to persons who may or may not already have suffered from it. Being unrecognised as infectious, these cases go about, attend schools, &c., and in so doing convey the infection to children who have *had* the disease, who will thus develop a scarlatina throat only. These, in turn, coming into contact with children who have *not* had the disease, pass on the infection which manifests itself in them in the usual way, by fever rash and sore throat, and it is so recognised,

But from the case, which was a scarlatinal throat only, to the one which is recognised as scarlet fever, there may have been an interval amounting to a month or six weeks.

“Since, in every recognised case, we have enforced isolation and subsequent disinfection, the above facts appear to me to afford the only possible explanation of the continued prevalence of the disease, and also the difficulty we have, at times, experienced in tracing the sequence from outbreak to outbreak. It follows that every case of sore throat, during the prevalence of scarlet fever, should be considered as capable of conveying infection. Since children suffering in this way, in the majority of cases, attend school as usual, they are, in great measure, instrumental in disseminating the disease, as the schools constitute the common point of contact amongst children from various parts of the district. The remedy is to exclude from school attendance children suffering from ‘sore throat,’ and this can only be done by periodical medical inspection of schools in the affected area. I would strongly advise you to consider the advisability of giving effect to this recommendation for a period of three months.”

Dr. Th. Günther (Teddington Urban District), also writing of scarlatina, says :—

“How difficult it is to trace the infection and to take measures against the spread, will be illustrated by the following case :—A gentleman was ailing from so slight a sore throat that he did not think it necessary to consult his medical attendant. Within a few days he got better and made his usual journey to London, travelling in a

railway carriage, and performing his daily work in his office. He continued to do so for more than three weeks. Feeling unwell after that time, he consulted his medical adviser, who found him in a perfect state of desquamation, and, therefore, came to the conclusion that the patient was all the time suffering from scarlatina,—I then received a notification to that effect.”

This danger of mild undiagnosed cases of scarlet fever is also illustrated by Dr. C. D. Green (Elmington Urban District). He says:—

“Three cases of exposure of infected persons in trains came to my knowledge, but there being no evidence to show that the patient or those in charge were aware that the disease was scarlet fever, I was unable to advise the Council to take proceedings against them. In one of these cases the disease was not discovered until well in its third week, the patient travelling to and from London almost daily, and the children from the house attending school regularly. I believe this case was the original source of infection in the Croyland Board School group of cases. It is easy to understand that such exposure of infected persons might give rise to many cases in which the source of infection could not be traced. There were, as in former years, several instances in which the disease was not notified until a second case had occurred in the house, owing to no medical practitioner having been called in.”

DIPHTHERIA AND MEMBRANOUS GROUP.

Although in a few Districts diphtheria was slightly less prevalent during the year, in the majority of Districts the cases notified were somewhat more numerous than in the previous year.

Fortunately, diphtheria has now one advantage that scarlatina does not possess, that is, the possibility of diagnosis in cases of suspicious sore throat by means of bacteriological cultivation. This is of immense advantage in administering the Infectious Diseases (Notification) Act; in fact, in many cases, it enables the Act to be carried out where otherwise it could not be by clinical observation alone.

In the Enfield Urban District (Dr. J. J. Ridge) "In May last, the Council issued a circular to the medical practitioners in the District, announcing that arrangements had been made to examine, bacteriologically, any suspected case of diphtheria," and the result is communicated privately to the medical men who send the specimens.

Mr. Campbell Gowan (Hendon Rural District), points out the advantage of bacteriological diagnosis from another point of view:—

"In connection with the now established and apparently successful treatment of diphtheria by antitoxic serum, an early and correct diagnosis of the case is absolutely essential. In many cases this is impossible without a bacteriological investigation, which is practically impossible for the general practitioner to make for himself, and it is scarcely reasonable to expect him to incur the expense, *pro bono publico*, of which this investigation by such a body as the British Institute of Preventative Medicine entails. I would therefore suggest, that in any doubtful case of throat disease, when the medical attendant has reason to suspect the existence of diphtheria, he may be empowered to forward a specimen to the Institute of Preventative

Medicine, and that the cost of the examination be defrayed by your Board. I believe that this course has been adopted by a neighbouring Board with satisfactory result, special terms having been arranged by the Institute."

TYPHUS FEVER.

As in the previous year, typhus fever was unknown in the County.

ENTERIC OR TYPHOID FEVER.

By glancing down the column of estimated population, in Table B. in the Appendix, and dividing the estimated population of each District by 1,000, that is, by omitting the last three figures of the population, the figures that remain form an approximate standard. If the cases of typhoid fever notified are beyond this number, the prevalence of the disease must be regarded as excessive, if below half this number the prevalence may be regarded as within commendable bounds.

It will be seen that, in only Enfield, Southgate, Staines, Tottenham, and Wealdstone Urban Districts, is the number above 1 per 1,000 of population. In more than half the Districts the rate is at or below 0·5 per 1,000. This record is a considerable improvement on that of the previous year.

CONTINUED FEVER.

Cases of continued fever were notified in Chiswick (6) in Enfield (1), in Hornsey (1), in Tottenham (1), in Twickenham (2), in Willesden (1).

As in the case of diphtheria, so also in the case of "fever," a bacteriological test can be applied to ascertain whether any given case is one of typhoid fever or not, and in all cases vaguely notified as "continued fever," such means known as the Vidal test may be adopted with advantage for diagnostic purposes.

PUERPERAL FEVER.

A slight increase is observable in the number of puerperal fever cases notified.

CHOLERA.

Only one case of cholera was notified, that being in the Willesden District.

ERYSIPELAS.

The number of cases of erysipelas showed little change on the whole.

MEASLES.

Judging by the mortality returns, measles appears to have been prevalent in the majority of the Districts, and to have caused considerable fatality.

In Friern Barnet, Hampton, and Heston and Isleworth Districts, measles is compulsorily notifiable. In the Hendon Urban and Hendon Rural Districts it is no longer notifiable.

The advantages and disadvantages of adding measles to the list of diseases compulsorily notifiable are many, and the question is one that is very debateable, as seen by the extracts of opinions quoted below.

Mr. F. C. Dodsworth (Chiswick Urban District) says of measles :—

“ This complaint is not included in the list of notifiable diseases. Many Authorities have added it to the list, several, however, have not retained it after the lapse of four or five years. Ten deaths were registered from this malady. The infectiousness of the disease in its earliest stages, the rapidity of its spread through school agency, the extreme youth of many of the sufferers, and the utter carelessness of many parents in regard to it, frustrate almost every effort made to prevent its diffusion.”

Mr. Bott (Brentford Urban District) reports :—“ I recommend that measles be included among the number of notifiable diseases, under the Contagious Diseases (Notification) Act, as I feel convinced that if I know of the disease, I could, by isolation and care, check the spread of an epidemic, and probably remove one of the most fruitful causes of infant death. I am informed that a neighbouring Council has included measles amongst the number of notifiable diseases with considerable benefit to the inhabitants.”

Mr. F. W. Andrew (Hendon Urban District), who has had considerable experience of the notification of measles summarizes his opinions clearly, thus :—

“ As to the advisability of continuing or abandoning measles from the list of notifiable diseases, I am of opinion that the following are the objections against notification :—

“ (1) A large number of cases are never reported by the parents and although printed handbills have been issued as to compulsory notification, many did not do so.

“(2) Infection being carried in the very early stages before diagnosis is certain, large numbers receive the poison before you are able to prevent it. This is especially the case in schools where the children are so closely congregated.

“(3) The schools are the main centres for disseminating the disease, and with the ready help I have always obtained from the teachers and school attendance officer, and the medical men in the District, I can easily ascertain the cause of absence of the scholars, and use my judgment as to whether it is expedient to close them or not.

“(4) Proper isolation is not obtainable in nearly all cases as the houses are thickly populated, two families in one house invariably, and one room cannot be kept apart for sickness entirely, and the mothers must wait upon the sick and well, as they cannot afford to pay any one to do it. There being no hospital to admit cases of measles, patients cannot be removed from their houses.

“(5) Disinfection cannot be performed with the thoroughness that one can wish. Having no disinfecting chamber, it is impossible to disinfect the clothes worn by the patients, and it is impossible to do this thoroughly at the houses.

“(6) The expense of notification has been very great, and I am of opinion that the increased expenditure is hardly justified by the results obtained.

“(7) That the epidemics continue every other year, and that during the past four years they have increased in numbers, and the disease is not of a milder type.”

Dr. Graves Burton (Hanwell Urban District) expresses a somewhat opposite opinion:—"As regards the question of the notification of measles there have been many arguments for and against; it was proposed during the past year to add it to the list of our notifiable diseases, but it has not yet been carried. There is no doubt there are many reasons against measles being added to the list, such as that it is a disease with its most infectious stage being so doubtful that in many cases the mischief is done before it is recognised; also, that it is one that cannot well be isolated owing to the rapidity of its spreading and the numbers affected. Still, I think there are a great many advantages to be gained if it were notified; it would, no doubt, be a guide as to the closing of schools, and I believe it is by the latter that we should gain much. I believe the disease is spread more rapidly amongst children congregated together, and I believe, if for this reason alone, notification would be useful in checking an epidemic, but I think it ought to be combined with other measures, such as instructions being issued to school masters and mistresses, requesting them not to allow any child to attend school with catarrhal symptoms during an outbreak of measles, and, also, that handbills should be issued to the inhabitants, more especially in the poorer neighbourhoods, warning them of the serious nature of the disease, pointing out that during an epidemic more deaths result from measles than any other disease, and many other suggestions that I would be glad to give your Council for such a purpose.

"The suggestions I have given above for precautions against the spread of measles, I would also advise to be adopted for whooping cough."

WHOOPIING COUGH.

Judging by the mortality this disease also appears to have been somewhat more prevalent during the year.

As in the case of measles, so in the case of whooping cough, Mr. F. W. Andrew's (Hendon Urban District) experience leads him to the following conclusions:—

“Whooping cough is a disease with which it is impossible to adequately deal with under the Notification Act, for the following reasons:—

“(1) A large number are never reported.

“(2) The disease at the onset often starts as an ordinary cold, the characteristic cough often does not show itself for some time, and during this period the case is highly infectious and the poison rapidly taken by others.

“(3) The mothers of the poor invariably treat this disease themselves, and continue to send their children in the streets and to school all the time.

“(4) Isolation is impossible, as many cases last three months, and fresh air is the one thing above all that does most good during convalescence, and the parents would not consent to keep their children shut up in a stuffy room for a long period. In fact this disease is impossible to cope with in any way by isolation at home, and hospital treatment is out of the question in this District.

“(5) Disinfection is very hard to enforce, as all the discharges being so infectious it is hard to know where to begin and where to end.

“(6) The expense of notification is very great, and has not in any way repaid the amount spent on it.”

Also, speaking of whooping cough, Mr. Marston Clark (Twickenham Urban District) reports:—"I have before observed that this always distressing malady is not sufficiently appreciated by parents, who, in very many instances, pay scant attention to an ailment which they deem at once inevitable and seldom dangerous. The most commonly fatal termination is from some disease of the respiratory organs. These secondary diseases cannot always be prevented; but the occurrence of bronchitis or pneumonia, for instance, is often owing to want of care in the management of the sufferers. The children, it may be, are not, as they should be, confined to the house. They catch colds and coughs, and medical treatment is often enough not sought until they are obviously very ill, and too frequently beyond the reach of help."

Dr. Th. Günther (Hampton Wick Urban District), says:—"The infection of this disease lasts six or eight weeks, and no child suffering from the disease should be allowed during that period to appear in a public street, and should be kept indoors and separated, as far as possible, from all healthy children. The cause of the rapid spread of this highly infectious disorder is the difficulty of early recognition, the children suffering in the early stages only from a supposed ordinary cough. Generally, they mix and play during that period with other children, and even attend school, and no measure is taken against checking the spread."

DIARRHŒA.

The number of deaths from this cause was fewer than in the previous year, and probably the disease, or symptom, was less prevalent. The majority of deaths were those of children.

PHTHISIS.

This disease is prominently under notice as one that is to a large extent preventable, and two quotations may be made in reference, one more particular on account of the resumé of some of the points elicited by the Royal Commission on Vaccination.

Mr. Dodsworth (Chiswick Urban District) reports:—
 “Twenty-five years since this disease was considered constitutional, due to inherited weakness, aided by unfavourable conditions of life. We now recognise that it is due to a specific micro-organism, introduced into the system from without, and that the reception of this micro-organism can be prevented by appropriate means. Tubercular diseases still cause between twelve and thirteen out of every hundred deaths. If these diseases could be entirely removed from the list of diseases, the death-rate would be very considerably reduced by the simple elimination of one of the causes of death which is perfectly within the range of preventative medicine. The causes of phthisis are dampness of subsoil, damp houses, which have a decided tendency to predispose to the inroads of phthisis, as also over-crowding, and as a result, deficient ventilation. Occupations in which dust is inhaled, more especially when the occupation is of an indoor character, forming a fertile source of the disease. It may also be communicated by means of food, meat, and milk more especially.

“A Royal Commission reported on this subject in April, 1895.

“The Commissioners report that ‘Any person who takes tuberculous matter into the body as food, incurs some risk of acquiring tuberculous disease.’ The chief site of tuberculous disease is in the internal organs.

“As regards milk, there is little doubt that it is a very fertile source of tuberculous disease, especially in young children.

“So far as cow’s milk is concerned, it is fairly conclusive that this disease is conveyed by the milk only when the tuberculous disease affects the udder.

“The tubercle-bacillus is contained in the discharges from parts of the body affected with tuberculosis.

“In lung disease it is discharged by expectoration; in consumption of the bowels, known as *tabes mesenterica*, by the intestinal excreta. Hence the importance of disinfecting these discharges, which, when they become dry, are a source of danger.

“The expectoration deposited in a pocket handkerchief, or spat on the floor of the sick room, is, so long as it remains moist, perfectly innocuous, but when dry becomes dangerous. Dust is produced, and when disturbed on the floor or elsewhere, the noxious matter is inhaled, and should a suitable soil be found the disease is propagated.

“It is a matter of importance that all expectoration should be received into a vessel containing a solution of carbolic acid. Rags should be used instead of pocket handkerchiefs, and at once burnt, or, if a handkerchief is used, it should be boiled before the matter upon it has had time to become dry or powdery.

“Should these rules be rigidly carried out there is little or no risk in living with consumptive patients.

“I find that in Brighton, Bournemouth and Glasgow, every death which is registered from any tubercular disease is fully and carefully investigated by the Sanitary Inspector, who fills up a printed form which gives full details of the illness, the condition of the house, &c.

“At the time that this information is obtained a notice is served, requiring a thorough cleansing and washing of the sick room and its contents. These measures have a tendency to lessen the danger necessarily associated with this disease to other members of the family, or possibly members of another family who may be moving into the infected house.

“My object in bringing these details before your notice in this Report is with the view of pointing out the great advantage which might be secured by a similar arrangement in this parish.”

Mr. Garry Simpson (Acton Urban District) also adds useful advice and information :—

“It is evident that much work lies ready for Medical Officers of Health and others in connection with the spread of tubercle.

“If we can persuade people to look upon tuberculosis as an infectious disease much will be done to prevent its spread, and a great advance in preventative medicine will be made.

“The Germans look upon perfect cleanliness in the treatment of phthisical patients as absolutely essential.

“ Pocket handkerchiefs and bed linen are most carefully sterilized by means of steam or germicidal agents. Patients are strongly enjoined not to expectorate, except in receptacles specially made for the purpose, and in which the sputa can be easily disinfected. The results of these precautions are not yet manifest, but it may be confidently expected that within a short time a considerable diminution in the number of phthisical patients in Germany will be recorded. As a single example we may take the Grand Duchy of Baden, where there was a diminution of deaths from tuberculosis, from 3·08 per 1,000 inhabitants in 1882 to 2·80 per 1,000 in 1887, or no less than ·28 per 1000. If similar results were obtained in the British Isles, and the patients were not carried off by other diseases, the saving to our community would be nearly 10,000 lives per annum.”

MEANS OF SPREAD OF INFECTIOUS DISEASES.

Several Reports contain useful information in reference to the means by which infectious diseases are spread, such as by food, milk, and oysters, and by schools. These points have such important bearings that they deserve quotation.

Mr. C. E. Goddard (Wembley Urban District) writes:—
 “ It is well known that bacteria flourish and multiply abundantly in milk as we receive it, and that it may in a very short time contain as many as thirty millions of microbes per pint. It is now a generally accepted fact that the contagion of *scarlatina*, *typhoid*, as well as *consumption* and tubercular affections generally, are disseminated by milk.

“The sources of contamination, such as a diseased tuberculous udder, impure water, dirty milkers, &c., are not so common in country districts as those nearer town; but they cannot be altogether eliminated at the best kept farms.

“*Gastric and intestinal disturbances*, especially *summer diarrhœa* of infants, are undoubtedly very frequently due to the presence of certain fermenting organisms in milk, which, favoured by the higher temperature of summer, multiply abundantly, and elaborate products of a highly poisonous character.

“Now, our death-rate is affected by tuberculosis in its most fatal form, viz., consumption—a disease which may be unquestionably started by drinking milk from an unsuspected tuberculous cow. It is positively stated by those of high authority in health matters, and by eminent surgeons, that *tuberculous glands of the neck, hip and joint disease*, and tuberculous joint affections generally, are produced in a large number of cases by tuberculous milk.

“Now, the remedy is simply to *sterilize*, by boiling, the milk as soon as it enters the house, or, what is preferable, to *pasteurize*—a process which raises the temperature in a special apparatus high enough to destroy the noxious microbes, and yet not to, in any way, alter the character of the fluid. I venture to prophesy, that in a few years it will be made compulsory on all milk distributors to sterilize, by pasteurization, all milk before it leaves the dairy. I am aware that many declare that boiling renders milk less palatable, but otherwise, the theory that boiled or sterilized milk is either unwholesome, indigestible, or in any sense unfit for human consumption, has no foundation in fact.

"I think no one accepting the germ theory of disease will be surprised when, under favouring conditions, an apparently healthy young person, without family or hereditary taint, falls a victim to pulmonary phthisis; one often sees and hears of such cases, and is quite at a loss to trace the origin of the infection.

"I regard it as a duty we owe, especially to children, that we bring ourselves up to date in this matter, recognise the danger, and cease to drink, or allow others to partake of so-called pure milk, unboiled, which in a large number of cases is little else than a dust-laden, germ-swarming fluid."

Dr. Kenwood (Finchley Urban District) calls attention to the spread of typhoid fever by shell-fish :—

"It must now be conceded that oysters have played some part in the dissemination of this disease. Sufficient evidence has been collected to place the following facts beyond all dispute, *i.e.*, that oysters are sometimes laid, fattened, and stored, both here and abroad, amid conditions of sewage pollution, and that the germs of typhoid fever are capable of living and multiplying for some time in intimate association with oysters. Seeing that they constitute a valuable and much appreciated article of food, their growth is to be encouraged, but in the interests of public health they should be cultivated and stored under some supervision similar to that in force with reference to the collection and storage of milk.

"There is no disease which assumes more aberrant types than typhoid fever, and often so insidious is its outset, that the diagnosis can only be arrived at after several

weeks of careful watching. In Finchley it is the exception to discover a case, among those notified, in which the patient has not suffered for several weeks before the condition was diagnosed; and when one considers what possibilities of spread are entailed by such delay, the enormous gain of some method of enabling practitioners to form an early diagnosis will be appreciated. During the year, M. Widal has discovered such a means; he finds, that when the blood of a sufferer from typhoid fever is added to a suitable cultivation of typhoid germs, these latter cease their movements, and run together in clumps. This fact has now been abundantly verified, and preventative medicine should gain considerably by it."

Dr. D. S. Skinner (Willesden Urban District) points out some of the dangers attending school-life:--

"In my Report for last year, I drew attention to the fact that schools were the centres of propagation, and I would again emphasize those remarks with regard to these three diseases. I consider it essential that every head teacher in a school, whether public or private, should be required to give notice of every child who is away from school on account of measles. With regard to scarlet fever and diphtheria, notice is sent to the school from the Sanitary Department, but, at the same time, if a teacher does not receive notice of a case that has come to his knowledge, he should at once forward a report. If such notices were forwarded, much might be done in checking the progress of measles. Those schools where children from three to five years of age are attending are of the utmost importance. There is, however, another class of schools which urgently require to be brought under more

sanitary observation. I allude to Sunday Schools. Here there are a totally distinct set of teachers without any official knowledge; if any disease of an infectious nature is affecting a family, the children may consequently attend, and all the good that has been effected at the day schools during the week may be quietly undone on the Sunday. I do not wish to imply that the heads of these schools are not as anxious as anyone to check the spread of disease, but they have not the information."

SECTION 2.—ISOLATION AND HOSPITALS.

In the Report for 1895, a full account of the Isolation Hospitals and Ambulances of the County, and of the provision made in each District, was given. Accompanying it were tables, and these tables, brought up to date, are reproduced and here inserted.

It remains only to quote the opinions expressed as to the benefits of the provision and the evils of the want of provision for isolation, and to record the progress made.

Mr. Bott (Brentford Urban District) reports:—"When the isolation hospital was opened in 1892, I ventured to express the opinion that it would not be long before all the cases of scarlet fever in the town would, as a matter of course, be removed there. I am happy to say that such is now the case, and parents have discovered that their children are happier, better nursed and taken care of than they could possibly be at home."

ISOLATION HOSPITALS.

50

DISTRICTS.	Since when ?	Where situated.	No. of Wards.	No. of Beds.	Diseases admitted.	Smallpox accommodation.
URBAN.						
Acton ..	None	..	..	..	..	20 beds, Highgate.
Brentford ..	Feb., 1892..	Clay Ponds Lane ..	4	10	Scarlet Fever ..	To Highgate.
Chiswick ..	Jan., 1896..	Temporary Hospital, Chiswick Lane	5	20	Scarlet Fever ..	7 beds, Highgate.
Ealing ..	1834	Near southern boundary	5	16	All infectious diseases	None specially.
Edmonton ..	None	Cases sent to Enfield ..	..	..	..	To Highgate.
Enfield ..	Nov., 1891..	Temporary Hospital, Lincoln Road, Ponder's End	4 1	36 1	Scarlatina. Permanent Hospital to be erected at World's End.	5 beds, Highgate.
Finchley ..	April, 1889	Summer's Lane ..	3	12	Scarlatina ..	Site for tent ready.
Friern Barnet ..	None	Cases sent to Enfield ..	..	..	..	To Highgate.
Greenford ..	None	..	..	..	..	None.
Hampton ..	(?)	Tolworth, Surbiton, Surrey	(?)	(?)	(?)	Smallpox admitted.
Hampton Wick ..	None	..	..	..	..	None.
Hanwell ..	None	Site at Sewage Farm ..	..	..	..	None.
Harrow ..	Dec., 1894..	Newton Farm, Roxeth	2	11	Such as M.O.H. directs	To Highgate.
Hendon ..	1890	Renter's Lane ..	{ 2 1	{ 12 4	Scarlatina, and a new ward to be added	To Highgate.
Heston & Isleworth	(?)	Dockwell Lane, Heston, near Cranford	(?)	(?)	A new Hospital to be erected at Mogden	To Highgate at present, to Dockwell Lane later.
Hornsey ..	(?)	Coppett's Road, Muswell Hill	12	(?)	Scarlatina, Diphtheria, and Typhoid Fever	To Highgate.

Southall-Norwood	New Hosp. proposed at North Hyde	Joint Hospital, Hillingdon, Uxbridge Road	..	..	Scarlatina and Diphtheria	Joint Hospital.
Southgate	None	Joint site obtained in Tile Kiln Lane	..	..	(See also Wood Green)	To Highgate (5 beds).
South Hornsey	None	Site obtained, works proceeding.	..	..	..	..
Staines	None.	..	..	..	..	None.
Stambury	None	..	..	..	..	None.
Teddington	None	..	..	100	Scarlet Fever	To Highgate.
Tottenham	March, 1894	N.E. Hospital, M.A.B., St. Anne's Road	..	..	Scarlet Fever.	..
Twickenham	..	Cottage Hospital, near Sewage Works	..	..	Scarlatina and Diphtheria.	Joint Hospital.
Uxbridge	..	Joint Hospital, Hillingdon, Uxbridge R.D.	..	..	Scarlet Fever, Diphtheria, and Typhoid fever (See also Southgate)	Iron building of 2 wards and 14 beds. To Highgate.
Walslow	None	Dog Lane, Stonebridge, near Neasden	8	42 & 16 cots, 12 & 2 cots	..	..
Wembley	None	Joint Site obtained in Tile Kiln Lane	..	..	..	..
Willesden (no charge for residents)	Aug., 1892	Site obtained.	..	..	..	..
Wood Green	None	..	..	..	..	..
RURAL.						
Hendon	None	..	..	..	..	Iron shed at Workhouse, Stanwell.
Staines	None	..	..	..	..	..
South Mimms	None.	1882	Joint Hospital, Kingstons Lane, Hillingdon	6	20	A separate block of the hospital.
Uxbridge	..	..	..	..	..	..

Dr. Kenwood (Finchley Urban District) very rightly regards an infectious hospital as a means of prevention, which is even more valuable than the benefit of treatment. "This (17 scarlet fever cases) is a small number for a whole year, and for several weeks at a time the hospital was quite empty; but even an empty hospital justifies its existence, if due regard is had to the fact that the small maintenance expenses of such a building, when empty, constitutes a most desirable and necessary insurance against the spread of infectious illness. It is ready to receive isolated (sporadic) cases of infectious illness, and thus enables us to remove foci of a more general infection, and it enables many of the poorer section of the community to renew their wage-earning many weeks earlier than if they were compelled to keep a case of scarlet fever at home—where, in many cases, it is quite impossible to provide anything approaching to efficient isolation."

As to extension, Dr. J. J. Ridge (Enfield Urban District) reports that—"The plans of the new and permanent hospital have been approved and passed by the Local Government Board, and it is very desirable that they should be proceeded with as early as possible, as cases of scarlatina and diphtheria have had to be refused for lack of accommodation.

With regard to the new isolation hospital for Heston and Isleworth, Mr. T. W. Bullock says:—"This matter appears to be making slow but steady progress and doubtless, the buildings will be commenced during the current year. When completed, there will be ample accommodation for all infectious diseases requiring isolation, except smallpox, which will be dealt with at the old

isolation hospital at Dockwell, which is distant some five miles from the new site at Mogden."

Mr. J. H. Butler (Wealdstone Urban District) reports:—
 "There was a meeting of Medical Officers of Health for Stanmore, Wembley, and Wealdstone, in October, to discuss the scheme of an isolation hospital for the combined districts now before the Councils. A generally favourable opinion was expressed with regard to the scheme. I sincerely hope that before it becomes my duty to submit another Annual Report to the Council, the hospital will be an established fact, and thereby a considerable amount of anxiety be removed from the minds of those responsible for the public health."

In reference to this conjoint hospital, Mr. C. E. Goddard (Wembley Urban District) expresses rather an opposite opinion. "I must here refer to the isolation hospital scheme which I advocated last year in conjunction with other Boards, but I now see that the whole matter will require your very careful consideration or we may find ourselves involved in a very costly undertaking, with fewer advantages than we anticipated. I still adhere to my opinion that the proposed site is a most desirable one for the purpose, being far removed from habitations, in a beautiful open country, and yet not too far from the district for the removal of the sick; but the main disadvantages, from our point of view, are that it may be years before we keep a constant supply of patients there, and there is no proper water supply nearer than a mile and a half, and that the lane leading to the site, called Kenton Lane, is in a deplorable condition, and will require a considerable sum of money to be expended to put it into good order. Knowing these facts, I cannot now urge you to embrace the proposed scheme."

In Wood Green Urban District (Mr. C. H. Conolley), there is also some despair expressed as to progress :—"The provisional agreement between the Southgate and Wood Green Councils for the purchase of land for the purposes of an isolation hospital in Tile Kiln Lane, has been carried out as far as the acquisition of the land is concerned. The provision of accommodation is, however, as far as I can learn, as far off as ever. The matter is one of such urgent public importance that it becomes almost imperative for the Council to consider whether some other scheme would not more quickly and economically provide for the needs of the district.

"With a poor, crowded, and continuously increasing population there is, at present, no place to which cases of scarlet fever and diphtheria can be removed. Cases of typhoid fever are occasionally admitted into the Tottenham, Great Northern, and other London hospitals, and the district in general is under considerable obligation to the Authorities of these hospitals for admitting them. There are occasions, however, in which even this resource is not open to us, an instance of which I gave in referring to typhoid fever mortality."

Dr. C. D. Green (Edmonton Urban District) says, as to absence of hospital accommodation for infectious diseases :—"This is a matter still demanding the serious consideration of the Council, it not having yet been found possible to make any further provision.

"As regards smallpox, the arrangement previously in force with the Smallpox and Vaccination Hospital, Highgate, has been ratified as regards their new premises, and has been found adequate to secure the prompt removal of the few casual cases that have hitherto occurred,

“With regard to scarlet fever, the arrangement under which cases can be sent to the Enfield Isolation Hospital, when there happens to be room for them, has continued in force, and, on the whole, our applications for the admission of cases have been more successful than in previous years, with a corresponding diminution in the proportion of secondary cases in infected houses, and 32 cases were so removed. This arrangement, though of great benefit, is not adequate to meet the needs of the District, and nothing like systematic removal of cases to hospital can be attempted.

“As regards enteric fever and diphtheria, there is no hospital accommodation at the disposal of the Council, and such cases have usually to be treated to a termination, wherever they happen to arise, however unsuitable the surroundings, and the want of such accommodation has been in many cases severely felt.”

In the Southall-Norwood Urban District (Mr. J. D. Windle):—“The question of providing a separate isolation hospital and disinfecting station for the District was the subject of a Local Government Board enquiry at Uxbridge in February, before Mr. R. Deane Sweeting.

“The arguments in favour of severance from the Uxbridge Joint Hospital District were very ably stated by Mr. Houlder, Clerk to your Council, of which the following is an epitome, bearing on the medical aspects of the case:—

“‘The Council thought the time at hand when they should provide accommodation for their own District. There was a great difficulty in getting the inhabitants to use the hospital, because of the distance, being five or

six miles from our District. Also, there was considerable delay in getting patients removed, from the fact that the ambulance provided by the Joint Hospital Board was kept at Cowley, $5\frac{1}{2}$ miles away from Southall.

“‘In 1893 the Medical Officer reported that a separate ambulance was required; in 1893, in the Annual Report, the Medical Officer reported that the accommodation was not sufficient; in 1893, the Southall-Norwood Urban District Council urged for a new ambulance, and the Medical Officer reported the advisability of erecting a separate isolation hospital. In 1894, he reported the hospital accommodation totally insufficient.

“‘Moreover, the joint hospital had no isolation ward, and they were without a proper disinfecting apparatus.’

“‘As a result of this enquiry, a separation order was made by the Local Government Board, and the Council advertised for sites. Two were offered, one at North Hyde, the other in Havelock Road, upon which I reported as follows:—

“‘In forming an opinion I have confined myself entirely to the medical aspect of the question, and have formulated as the most weighty considerations from this point of view to be as follows:—

“‘(1) The nature of the soil.

“‘(2) Facilities for drainage and water supply.

“‘(3) Elevation.

“‘(4) The nature of the surroundings, having regard to the purity of the atmosphere.

“‘It is also desirable that isolation hospitals themselves should be isolated from dwellings, and even thoroughfares

to guard against the tendency to aerial spread of infection from such buildings.

“ ‘Comparing the sites in question on this basis, I find that the land at North Hyde is dry, moderately elevated, and there are facilities for drainage and water supply; the sewer and water mains being carried to within a short distance of the site.

“ ‘With regard to the site at Top Locks, there are not at present any means for efficient drainage or water supply, and the lane lies at a lower level, and is not so dry as that at North Hyde.

“ ‘If your Council had free, untrammelled choice of land, on which to erect an isolation hospital, I should not recommend either of the sites as being the most eligible; but, of the two in question, I am of opinion that that portion of the site at North Hyde, as marked on the accompanying plan, is the more suitable for the purpose, since it conforms to what I regard as essential conditions, viz., dryness, moderate elevation, facilities for drainage and water supply.

“ ‘Moreover, there is nothing in the surroundings likely to prove hurtful, and is not in proximity to present or probable future centres of population.

“ ‘The report of my colleague, Dr. McDonald, whose opinion was also taken on the matter, agreed in substance with the above. Negotiations were entered into by the Council for the purchase of five acres of land at North Hyde.’ ”

AMBULANCES.

DISTRICTS.	Ambulance?	Since When?	Where kept?	Accommodation?	Type and Remarks.
URBAN.					
Acton ..	Yes	..	Shed, Acton Lane, Uxbridge Road.	2 patients ..	4 - wheeled cab, without upholstery.
Brentford ..	Yes	Aug. 1893	Town Meadow, High Street	2 patients, 1 attendant	Usual type, horse driven.
Chiswick ..	Yes	1894	Fire Station, High Road	2 patients, 1 attendant	Usual type, horse driven.
Ealing ..	Yes	1884	Isolation Hospital	Stretcher and seat	4-wheeled covered van, driven by horses.
Edmonton ..	Yes	1895	Sewage Farm	2 patients, 1 nurse	New horsed van, M.A.B. type.
Enfield ..	Yes	1885	Court House	2 recumbent, 1 sitting	Horsed vehicle, opening behind.
Finchley ..	Yes	1889	Hospital Grounds	2 cases	Horse brougham.
Friern Barnet ..	No	..	..	1 patient ..	Barnet Workhouse Ambulance, 6 miles away.
Greenford ..	No.	..	..	..	..
Hampton ..	(?)	..	..	..	Infectious Hospital is at Tolworth, Surbiton.
Hampton Wick ..	No.	..	..	..	..
Hanwell ..	No.	..	..	..	..
Harrow ..	Yes	..	Council's Dépôt	..	1-horse brougham.
Hendon ..	Yes	1879	Hospital ..	2 recumbent	1-horse cab.
Heston and Isleworth ..	(?)	..	..	..	Infectious Hospital is at Dockwell Lane, near Cranford.

Hornsey	..	Yes 2	..	{ Hospital, Coppett's Lane Depôt, Hornsey..	(?)	For hospital.
Southall-Norwood	..	..	..	(?)	(?)	For smallpox only. Joint Hospital is at Hillingdon, Uxbridge Rural District.
Southgate	..	Yes.	1896	(?)	(?)	
South Hornsey	..	No.				
Staines ...	..	No.				
Sunbury	..	No.				
Teddington	..	No.				
Tottenham	..	Yes	1889	Coombes House, High Road	1 patient, 1 attendant	1-horse, M.A.B. type, reserved for smallpox. Two new ones constructing.
Twickenham	..	(?)	..	..	..	Cottage Isolation Hospital is at Sewage Works.
Uxbridge	..	..	..	Iver, Bucks (?)	..	Joint Hospital is at Hillingdon, Uxbridge Rural District.
Wealdstone		No.				
Wembley		No.				
Willesden	..	Yes 2	1895	Hospital Grounds	1 patient, 1 nurse	New horsed brougham. Old reserved for smallpox.
Wood Green	..	Yes.	1896	(?)	(?)	
RURAL.						
Hendon	..	No.				
Staines	..	No.				
South Mimms	..	No.				
Uxbridge	..	Yes	1895	Inspector's Residence	1 patient, 1 nurse	M.A.B. type.

SECTION 3.—DISINFECTION AND METHODS.

As in the case of isolation hospitals and ambulances, so also, in the Report for 1895, a full account of disinfecting chambers and disinfection, and of the provision made in each District, was given. Accompanying it, was also a table, which has been brought up to date, reproduced, and here inserted.

It will be seen that some progress is also being made in this direction.

DISINFECTING CHAMBERS.

Districts.	Since when ?	Where situated ?	Type.	Transport Charges. Remarks.
URBAN.				
Acton	Oct., 1894	Sewage Works ..	High pressure steam	Two hand - trucks. No charge.
Brentford ..	Feb., 1892	Hospital Grounds ..	High pressure steam	One hand - cart. Charge, 7s. 6d.
Chiswick ..	None.	Northern Works, Perivale Hospital. Southern Boundary	Hot air oven..	Iron horse-cart at Northern Works. Charge a guinea.
Ealing ..	1882		Gas oven.	
Edmonton ..	1882	Sewage Farm ..	Hot air oven..	Two horse - conveyances. Charge rarely made.
Enfield ..	1887	Sewage Farm, Ponder's End	High pressure steam	Two horse-vans. No charge made.
Finchley ..	None.	.. ..	.. ..	Oven at Ealing Northern Works used. No charge made to occupiers.
Friern Barnet ..	None.			
Greenford ..	None			
Hampton..	?	Proposed at Sewage Farm .. ..	.. ..	Ealing apparatus used at a fixed charge. Harrow School has apparatus at School Laundry, Roxeth.
Hampton Wick ..	None.			
Hanwell ..	None			
Harrow ..	None.	.. ..	.. ..

Disinfecting Chambers—*continued.*

Districts.	Since when ?	Where situated ?	Type.	Transport Charges. Remarks.
URBAN—continued.				
Hendon	None. Hospital, Coppett's Lane Depôt, Hornsey ..	Steam. High pressure steam High pressure steam	Laundry attached. Laundry attached, and vans.
Heston and Isleworth ..	1896			
Hornsey	Two			
Southall-Norwood ..	None.	Outfall Works ..	High pressure steam.	Two vans. No charge.
Southgate ..	None.			
South Hornsey ..	None.			
Staines ..	None.			
Sunbury ..	None.			
Teddington ..	None.			
Tottenham ..	1896			
Twickenham ..	?	Hospital Grounds .. Moat House..	High pressure steam Gas oven	Two horse-vans. No charge. Two hand-carts. No charge.
Uxbridge ..	None.			
Wealdstone ..	None.			
Wembley ..	None.			
Willesden ..	1895			
Wood Green ..	1893			
RURAL.				
Hendon	?	Hospital Grounds ..	Hot air. Brick oven.	For use of hospital only.
Staines ..	None.			
South Mimms ..	None.			
Uxbridge ..	1886			

Dr. Fletcher Little (Harrow Urban District) reports :—
 “ In March, 1896, my predecessor, Dr. Thompson wrote, ‘ the purchasing of a disinfecting apparatus, which I understand has been recently decided upon, will be a very valuable step in the right direction.’ For some reason, of which I am unaware, the step has not yet been taken, though it is much more desirable in 1897 than it was in 1889, and I should respectfully urge your Council to provide a steam disinfecting apparatus at the earliest possible moment.”

Dr. W. T. Watson (Tottenham Urban District) describes the provision recently made in Tottenham. “ One of Washington Lyon’s steam disinfectors has been erected during the year at the Outfall Works, and two vans—one for conveying infected articles to the disinfecter, and the other for returning the articles after disinfecting—are being built for the Council.

“ When all the arrangements are completed, infected articles will be removed in every case where an infectious disease has occurred; they will be scientifically dealt with, and returned to the owner free of charge.

“ This will be a great boon to residents in this District, and one which I hope they will appreciate.

“ Every effort should be used to fight and stamp out infection wherever it shows itself, and, therefore, your Council deserve commendation for the active steps you are taking towards that end.”

Dr. J. J. Ridge (Enfield Urban District) says that “ In order more effectually to disinfect houses where infectious diseases have occurred, an equifex spraying apparatus has

been obtained, and has been found to work well. I should recommend that this process of disinfection, together with the use of the steam disinfector for articles of bedding, etc., should be extended to all cases of phthisis (consumption) for the destruction of germs which are the source of infection."

SECTION 4.—VACCINATION.

As it is probable that, very shortly, fresh legislation will be proposed in reference to vaccination, and that the administration of a new Act will be entrusted to Sanitary Authorities, it will be of advantage to quote a brief summary of the very voluminous Report of the Royal Commission on Vaccination as it has presented itself to an acting Medical Officer of Health.

Mr. F. C. Dodsworth (Chiswick Urban District) says—
 "This prolonged and exhaustive enquiry came to a conclusion after having held 136 meetings and having examined 187 witnesses.

"Taking the Report in sections, Section A is devoted to the enquiry 'As to the effect of vaccination in reducing the prevalence of and the mortality from smallpox.' The Commissioners dealing with the history of the disease and of its treatment, describe, fully, the introduction and rapid spread of the practice of vaccination, dating from 1798, finding about that date 'the doctrine that cowpox protects against smallpox was generally accepted in most countries of Europe.'

“ At a recent meeting of the Society of Medical Officers of Health, it was decided that they would endorse generally the following proposals of the Royal Commissioners, viz.:—

- “ 1. To allow public vaccinators to offer calf lymph as a substitute for human lymph in all cases in which it may be preferred.
- “ 2. To extend the period within which a child is at present required to be vaccinated.
- “ 3. To provide for the medical treatment of children after vaccination, so far as it may be necessary to ensure good results.
- “ 4. To provide for the more effectual supervision of tramps and common lodging houses.
- “ 5. To ensure better means than now exist for enforcing the provision of proper accommodation in every sanitary district, for the isolation of smallpox and other infectious diseases.’

“ I consider that the transference of vaccination from the Guardians to the Sanitary Authorities, on whom all measures for the prevention of disease and control of epidemics devolve, would be an advantage.

“ It has been advocated that vaccination should cease to be compulsory, and be left to the free choice of parents. If no penalty were attached to the failure to vaccinate, it is certain that a large number of children would remain unvaccinated, simply from neglect on the part of their parents to incur the trouble involved.

“They conclude ‘that the marked decline of smallpox mortality in the first quarter of the present century affords substantial evidence in favour of the protective influence of vaccination.’

“The majority of the Commissioners point out that those who are opposed to vaccination suggest that improved sanitary conditions are mainly responsible for the decline of smallpox. The Commissioners conclude that when all the changes in sanitary conditions which have taken place are considered, it cannot be asserted that they afford an adequate explanation of the diminished mortality from the disease.

“It has been maintained that the decline in smallpox mortality is largely due to more frequent and systematic attempts to isolate those suffering from smallpox. I think, however, that an answer to this contention is to be found in the fact that it is only in recent years that there has been any systematic practice of isolating patients who were suffering from the disease. At the same time there is little doubt that the efforts at isolation which have characterised recent years have had a beneficial effect on the mortality from smallpox.

“As regards the protective influence of vaccination, it is an admitted fact that it lessens the liability to be attacked by the disease, and also modifies the character of the complaint and renders it less fatal and of a milder type.

“The other means of diminishing smallpox consist of a complete system of notification of the disease, followed by the removal of a patient to a smallpox hospital, together with a careful supervision, and, if possible, for about

sixteen days, of those who had been in contact with anyone suffering from the disease.

“My opinion is that any relaxation of the vaccination laws would have a decided tendency to the increase of smallpox, and I strongly advocate the use of calf lymph by public vaccinators and others.”

Dr. Kenwood, Finchley Urban District, also summarizes his impressions briefly :—

VACCINATION.

“After a careful and exhaustive enquiry into the differences in the sick rate and mortality rate between those vaccinated and those unvaccinated when a community is attacked by smallpox, as exemplified all over the world, and having paid due regard to the various causes ascribed by anti-vaccinators of these differences, the Commission says:—‘Unless vaccination be regarded as the determining cause of the difference, it would remain to us, after considering all the explanations which have been vouchsafed, an unsolved mystery.’

“That is the verdict of a powerful Commission, presided over by one of the greatest judges in the land, and containing others of legal training who could well be trusted to arrive at just and logical conclusions from the evidence laid before them.

“It is believed that the Government is considering the question of an amendment of the Vaccination Law, and some of the recommendations of the Royal Commission

will be incorporated in the new Act. It is understood that the following principles will be embodied :—

“ I. The continuance of the system of gratuitous vaccination, with permission to make a statutory declaration of conscientious objections.

“ II. To extend the age within which vaccination should be required to six months.

“ III. To give power to all parents to require the use of calf lymph, and to make provision for the establishment of calf and vaccine stations.

“ IV. To transfer the duty of providing free vaccination from the Guardians to the Sanitary Authority.”

CHAPTER III.—SANITATION

SANITARY WORK GENERALLY.

Tables C (I, II, III, and IV) have been compiled as in previous years, and appended to Part III in this Report.

Tabular returns of sanitary works actually carried out should be appended to every Annual Report in the same way as tabular returns of births, deaths, and sickness. In many instances this has been done, but in some not so. The cases in which omissions occur have been already mentioned in the introduction to this Report.

Where no record appears in the Annual Report as to the number of any particular premises in a District, the number stated in a previous Report has been entered in the Tables lettered C.

INSPECTIONS.

Complaints.—In 21 out of the 33 Districts, the total number of complaints received is recorded.

In reference to complaints, Mr. Dwight Morris (Sunbury Urban District) says:—"I must call attention to the absurd manner in which people waste their time in sending me anonymous letters. They perform no useful purpose. The person making a genuine complaint is not given away, and it is much more honest to subscribe the name and address to any letter of this character, for they are often of real help."

Yet it must be remembered that many persons may often place themselves in serious positions even when making genuine complaints, and it cannot make any difference to the Sanitary Authority whether a complaint bears a name or not, since it is the business of the officers of a Sanitary Authority to attend to *all* complaints, and it is for the

officers to ascertain and judge whether complaints are or are not justified. It is extremely useful to encourage the making of anonymous complaints, because otherwise many nuisances may not become known, and, in any case, no injustice can be done if a complaint be attended to, since, if justified, the nuisance will be abated, and, if found unjustified, no further cognizance need be taken.

Infectious Diseases notified.—The number of cases of infectious diseases notified in a number of Reports is not stated amongst the sanitary work, but a complete table of these has been compiled in the table headed “Notification of Infections” in Section I of Chapter II of this Report.

Premises periodically inspected.—In only 12 out of the 33 Districts is the number of premises periodically inspected at regular intervals stated.

House-to-house inspections.—The number of Districts in which house-to-house inspections were carried on has increased to 14, as compared with 12 in the preceding year.

Total inspections.—These are recorded in about one-half of the Districts. It would be desirable to record them in all, as giving some approximate idea of activity, although actual numbers can be no precise standard, since inspections vary largely in the amount of time they occupy.

Notices.—These are better recorded than formerly, and show a gradual advance.

DWELLINGS.

Dwelling houses.—In 24 out of the 33 Districts, the number of houses and premises cleansed and repaired is stated, in 15 the number closed as unfit, in 8 the number

re-opened after repair, and in 6 the number demolished. In Willesden 4 underground rooms were vacated.

Mr. G. H. Butler (Wealdstone Urban District) observes that "The most frequent cause of complaint in dwelling-houses is dampness of the walls and foundations, and, in my opinion, every house built on this soil should have the whole ground surface or site covered with a layer of good cement concrete at least six inches thick, besides a good damp-proof course in the outer walls."

Mr. Hugh Stott (Friern Barnet Urban District) also again called the attention of his Council to the prevention of dampness of houses, saying:—"Your bye-laws provide that in case of a building site being damp, the ground shall be drained by suitable means. In parts of the District where buildings are about to be put up, it is of the greatest importance that the sites should be drained, in order to prevent dampness. It is necessary that this matter should receive your careful consideration, as the ground contains a considerable amount of water, and an undrained soil is highly injurious to health. If an authority is wanted for this, the late Sir J. Simon, Medical Officer of the Privy Council, states that a damp state of the soil answers the legal definition of a 'nuisance,' and Sanitary Authorities 'are bound to provide that such a state shall not continue through want of proper constructions for the drainage.'"

Houses let in separate dwellings or lodgings.—In Willesden Urban District 320, in Hendon Urban 90, and in Heston and Isleworth Urban 3 houses are registered under bye-laws for houses let in lodgings; in Wood Green Urban Twickenham Urban, Southall-Norwood Urban, Hanwell

Urban, Finchley Urban, Edmonton Urban, and Brentford Urban Districts the bye-laws are not in force.

Mr. Boit (Brentford Urban District) reports :—"I would again advise the Council to have a register kept of all houses let in lodgings, as it would greatly facilitate the work of supervision."

Common Lodging-houses.--In six Districts in which there are common lodging-houses, some activity is displayed in keeping them under inspection. In seven Districts it is recorded that there are none in the District.

Houses known as "shelters," and occupied to all intents and purposes as common lodging-houses, have hitherto evaded all control as such, but Dr. D. S. Skinner, in the Willesden Urban District, has successfully prevented a nuisance arising from this cause. He relates—"In my last Annual Report, I reported a nuisance from a shelter and rest for destitute men in Peel Road, Kilburn, established by the Church Extension Association. The congregation of these men outside the building formed the subject of continual complaint, and the premises were finally closed by order of the Council. After an interval of a few months, other and larger premises, in Granville Road, Kilburn, were taken by the same Association and opened for the same purpose, the Peel Road premises being again utilised for the overflow. I inspected the place with the Chief Inspector, at about one o'clock in the day, on the 10th March. There were then about 60 men in the building, and I again visited it, at night, on the 11th. There were then 250 men in the place, lying asleep on the floors and on balconies, with their boots and jackets for pillows, and others resting their heads on tables. The place was decidedly overcrowded and the ventilation insufficient. The

premises in question were quite unsuitable for the purposes to which they were put, having originally been sanctioned by the Willesden Local Board as baths and washhouses. Proceedings were accordingly taken, under Section 33 of the Public Health Acts Amendment Act, 1890, against the Association for allowing a building to be used for the purpose of habitation not originally sanctioned as such, and for not providing the air space required by the bye-laws. The magistrate, before whom the case was heard, inflicted a fine of £5 and costs. Notice of appeal was given by the defendants, but was subsequently withdrawn, and the use of the premises for habitation purposes discontinued."

Canal Boats used as Dwellings.—Brentford, Southall, and Uxbridge appear to be Registration Authorities for Canal Boats, and in these districts the number of inspections of this class of dwellings is considerable. In addition, a considerable number of such boats are inspected in Edmonton, Heston and Isleworth, and Willesden Districts, through which navigable waterways run.

Movable Dwellings.—In no less than 13 Districts caravans, tents, and sheds, occupied as dwellings were dealt with, showing increased activity in abating nuisances from this source.

PUBLIC BATHS.

It would be of interest to know how those suburbs of London, which house a considerable working class population, are provided with public baths.

SCHOOLS.

Increasing attention is being paid to the schools, as seen in Table C. II, and the prevention of the spread of disease by their means is becoming an important question.

WORKSHOPS AND WORKPLACES.

Workshops.—These premises are receiving more attention as to their sanitary condition. It would appear also, from the Factory and Workshop Acts, to be the duty of the Sanitary Authorities to supervise the drainage and w.c. accommodation of factories.

Laundries.—Premises used for these purposes, have now fallen into the class of premises to be regularly inspected at periodical intervals, although some districts do not yet appear to have realized this, as seen in Table C. II.

Bakehouses.—In 14 districts there are no records as to bakehouses. Although it is possible that in a few districts there may not be any bakehouses, in the majority of these there must be bakehouses, and it is very desirable that the number should be known and the amount of supervision exercised over the occupation of bread-making for the community.

SLAUGHTER-HOUSES.

As will be seen on reference to the Table C. II, 20 Urban Districts furnish Returns as to slaughter-houses, and 9 furnish no Returns. It is possible that in several of these there may not be any slaughter-house, but in others there must certainly be such premises, but as the making of bye-laws in reference to slaughter-houses and their enforcement is compulsory for Urban Authorities every Urban District should keep a proper record.

COWSHEDS, DAIRIES, AND MILKSHOPS.

In 9 Districts there is no record whatever as to these premises, in the other Districts a more or less full account is given of supervision

Milk has so frequently given rise to epidemics, that its production and manipulation should not be disregarded.

Food.

Unsound Food.—Increasing attention is being paid to the soundness of animals and food, as will be seen in Table C. II.

Adulterated Food.—Samples of food appear only to have been taken in Southall-Norwood, and in Uxbridge.

Dr. Kenwood (Finchley Urban District), writing upon infants' food, says:—"There is an enormous sale of condensed milk in this country, and there can be no doubt that infant life and health suffer in consequence. A sample of condensed Swiss milk recently analyzed by myself showed 12·5 per cent. of fat, and when this material is diluted according to directions for the use of infants, the mixture given to the baby possesses less than half the amount of fat and nitrogenous elements contained in breast milk. The result is all too frequently apparent, to those who move among the poor, of the use of the cheapest brands of condensed milk; and communities in which children are mainly breast-reared, have always a lower infant death rate than those in which the children are hand-reared.

"Fresh cow's milk diluted with half to three-quarters as much water and sweetened with a little milk sugar, is the best substitute for that which nature provides.

"Skimmed condensed milk is now upon the market, and large quantities of it are sold, for it is very cheap. It is not easy to conceive a use to which it could properly and profitably be put."

OFFENSIVE TRADES.

Uxbridge seems to have an offensive trade in the District, but no other District speaks of any.

MORTUARIES.

Some 11 Districts are now provided with mortuary accommodation, but some two-thirds of the Districts remain unprovided for, apparently.

Dr. A. Charpentier (Uxbridge Urban District), reports:—
 “I must again call the attention of your Council to the need of a public mortuary. Three cases have come to my knowledge during the year, of death occurring in a two-roomed cottage, where the occupants were obliged either to sleep or live in a room where a corpse was lying. In one case diphtheria was the cause of death. Moreover, in the interests of justice, as well as health and decency, a mortuary is urgently required, as it is almost impossible for a *post-mortem* examination to be made under present conditions.”

BURIAL GROUNDS, &c.

From a sanitary point of view, records of burial grounds, open spaces, and pleasure grounds are valuable. A complete account of the Regulations issued by the Home Secretary, and of the Acts affecting burial grounds, as to their distance from houses, was given in the Report for 1895.

Mr. J. D. Windle gives a model description, in tabular form, of the burial grounds in the Southall-Norwood Urban District:—

1. The situation of the ground 			The Cemetery, Havelock Road, Southall Green	St. John's, The Green, Southall.
2. Total area	..	..	About 1 $\frac{3}{4}$ acres	About $\frac{1}{2}$ acre.
3. Dates of first use on first entry in register	..	..	April 2nd, 1883	March 3rd. 1860, consecrated January 23rd, 1860.
4. Total number of burials to date	..	..	1,027	1,570.
5. Number of vaults	..	..	None	None.
6. " brick graves	..	..	4	13.
7. " earth "	..	..	455	577.
8. Length and width of grave spaces	..	..	8 feet by 4 feet, brick graves	8 feet by 4 feet, brick graves.
9. Depth of uppermost coffin below level of ground	..	..	7 feet by 3 feet, earth graves	6 feet 6 inches by 2 feet 6 inches, earth graves.
10. Area of unused ground	..	..	4 feet	4 feet.
11. Distance of nearest dwelling, and whether partially or wholly surrounded by houses	..	..	Not quite $\frac{2}{3}$ roods* 20 feet (partially)	About $\frac{1}{5}$ †. Adjoining on north side; north and west sides.

* Another 3 $\frac{1}{2}$ acres just added, making now about 5 acres in all.

† The ground unused is in the front portion of Churchyard, and are principally brick grave spaces.

WATER SUPPLY AND WATER SERVICE.

Sources.—As seen in Table C. III, the percentage of houses supplied from the mains is now approximately known in 14 Districts. In the Report for 1893 the areas of the Companies' supplies were given in map form.

As the Grand Junction, the West Middlesex, the New River, and the East London Companies, four of the eight Companies that supply London, also supply the Western half of Middlesex, any remarks upon the water supply of London are of interest, even if they run counter to general opinion.

Dr. Kenwood (Finchley Urban District) reports that:—
 “During the year much has been said about the present water supply of London, and several experts have differed in their views as to its purity; some find more suspended matter and micro-organisms in the filtered water than others, and the public has noted these facts with an apprehension and concern quite out of proportion to their significance. The position of the dweller in London admits of being very clearly set forth, and the facts are sufficient to make everyone who is not interested in the Water Companies desire a change. London is supplied with water which is polluted in the first place, and then incompletely purified by sand filtration, and to this state of things London pays an annual toll of preventable disease. Sand filters are untrustworthy, although they have failed with disastrous results on but few occasions in this country they have done so over and over again in other countries. Organisms can be found in Thames water which could only gain admission through the medium of sewage, and this is not surprising when one considers that the Thames and Lee drain populous, highly cultivated, and therefore highly

polluted areas. Such organisms have been found in filtered Thames water, and although they do not produce disease, yet, being larger than the harmful ones, it follows that the latter may and do get through the filter. The question then as to whether the sand filter lets through its interstices 1 per cent., or 10 per cent., of the micro-organisms in the unfiltered water is only significant of the *measure* of risk which the consumer runs, and the fact that it lets through 2 or 3 per cent. of the micro-organisms in the unfiltered water shows that it is not to be depended on. London should go to a pure source for a pure supply. The cost will be great, but so is the danger and evil which it will obviate, and so will be the value of the result achieved."

However, to come down to plain facts, if water can be purified by artificial means as effectually as nature accomplishes the same task by natural means, that is by distillation or filtration, then that method of obtaining water which proves the cheaper will be adopted, whether it be the filtration of near supplies or the gravitation through lengthy aqueducts of distant supplies.

Wells.—Only two new wells appear to have been sunk during the year.

Dr. J. J. Ridge (Enfield Urban District) expresses the opinion that "It is desirable that every private well should be tested at least once a year, as most of them are liable to contamination, and the fact that a surface well has been supplying pure water for several years is no guarantee that it always will."

Water Works.—The principal Water Companies appear to have completed the lowering of most of their mains below 2 feet 6 inches from the surface to prevent the action of severe frost.

In the Enfield Urban District (Dr. J. J. Ridge)—“The works for increasing the supply of water at Ponders’s End have been proceeded with, and a considerable increase of the supply has been obtained, so that there is a prospect of being able to dispense altogether with the influx of surface water.” In addition “arrangements have been made by which water from the New River can be turned into the Council’s mains in case of emergency.”

Intermittent and Constant Supplies.—In some eight Districts the constant supply system appears to be mainly in vogue, and in a few other Districts partially. The advantages of the constant system are so well known and so universally recognised that it is unnecessary to dilate upon it.

The question of retaining cisterns or not is, however, a more disputed question.

Dr. Kenwood (Finchley Urban District) says: “Even with the ‘constant system’ it seems that a storage cistern in each house is a necessity of its constancy, as the supply to the house pipes is liable to interruptions. It will be regrettable, however, if, when a constant system is adopted, parishioners do not ask themselves whether they have a suitable cistern accessible for frequent cleaning, and situated among wholesome surroundings. It is seldom, and more especially in poor class property, that a water cistern is found to be in every sense satisfactory; and in those cases where the conditions for storing water cannot be made wholly favourable to its purity it would be better to discontinue the use of cisterns altogether, on the score that the danger likely to arise during the rare occurrences when the water is cut off for a day or two (as for repair to mains) is less than that which is daily faced

from a badly constructed, dirty cistern, badly placed. Where stop valves are fitted on the mains at frequent intervals the inconvenience is not very great."

Under modern conditions of town life it is not difficult to make shift for two or three days if the drinking water be cut off from a house as the quantity consumed is not great. It is another matter when the water is cut off from the w.c.'s, as they are liable to soon become blocked. Hence, the best course to adopt is to retain the cisterns for storage for the w.c. flush tanks, to *take the draw-taps off the cisterns* and to fix them on the rising main.

DRAINAGE AND SEWERAGE.

Privies.—Judging by the percentage of houses provided with water-closets these are fast disappearing, or else are being replaced by movable receptacles, as ash and earth closets.

Water-closets.—Considerable activity is displayed in keeping these in working order, properly flushed and ventilated.

Drains.—Similar activity is displayed with regard to drains. The manner in which improved water supply leads to improved drainage is observed by Mr. Dwight Morris (Staines Rural District), when he says, "Pure water becomes an absolute necessity, and in proportion to the increased service laid on from the main in those districts required, so in proportion increases our difficulty of getting rid of the surplus and waste such a method involves. The more easily obtained the greater the waste and quantity used. To enforce a man to lay on a wholesome supply, which he can perhaps only obtain from the Company, and let him run loose in the matter of his drains

and cesspools, is to my mind an incongruity which must be obvious because a very serious nuisance may arise some time before it can be discovered, and then, and only then, can your officers take action."

Sewers.—In the more populous Districts considerable lengths of new sewers have been laid.

SEWAGE DISPOSAL.

In the Report for 1894 a full account of the methods of sewage disposal in the several Districts was given. There is little to add to this, but the new method of bacterial purification is likely to revolutionize the whole system of sewage disposal before long.

POLLUTION OF STREAMS.

The streams of Middlesex are little, if at all, polluted by manufactures. Sewage is the main source of pollution, and the improvement of sewage disposal is the remedy.

In reference to the pollution of the Brent, Dr. Graves Burton (Greenford Urban District) reports that—"During the year the Council earned the name of 'plucky little Greenford,' given to it by the neighbouring Districts (whose populations are very much larger, and consequently their finances more flourishing), by taking action against the Willesden and Wembley Sanitary Authorities, who were polluting the River Brent by allowing the sewage from their sewage works to pollute the stream: the nuisance has continued for many years past, and the river became so filthy as to be nothing more than an open sewer; in fact, Dr. S. Menckten Copeman, in his Report on the river to the Local Government Board, dated 8th November, 1893, states that 'for all practical purposes the effluent sewage

farm of the Willesden Authority may be looked upon as the source of the River Brent'; however, Greenford succeeded in getting an injunction, restraining them from continuing the nuisance. There still remains, however, the danger caused by the Regent's Canal flooding our District, and keeping back the water at the Welsh Harp Reservoir when it is required in the river. The Middlesex County Council, I believe, are taking this matter in hand; so, soon, perhaps, this danger of people being drowned in the floods at Greenford will be a thing of the past; but I believe before this can be carried out, something will have to be done to allow the water to get away from Greenford easier; the obstructions should be removed by the neighbouring Authority."

SCAVENGING.

Refuse Storage.—Many receptacles for dust were repaired, but more new receptacles were provided, and the presumption is that movable receptacles are coming into more common use.

Refuse Removal.—A weekly collection of dust takes place in 14 Districts, and a fortnightly in three others. Provided these are periodical collections in fact, and not in name only, this shows a laudable desire for the more frequent removal of dust from habitations.

Refuse Disposal.—The difficulty of disposing of refuse is increasing more and more, especially in the Districts nearest to the Metropolis, and that do not possess destructors, like Ealing and Hornsey.

Dr. W. T. Watson (Tottenham Urban District), says:—
 "In my annual Report for the years 1893 and 1894, I pointed to the necessity of a refuse destructor for this District, and each succeeding year shows more clearly

than the last that, among our more immediate requirements, this takes a front position.

“During the year 1896 there have been considerable difficulties experienced in dealing with the question of the collection and disposal of house refuse alone, and when we consider with what enormous strides the District is growing, the provision of some practical and efficient means of disposing of our refuse becomes an imperative question that will not brook further delay.

“Your Council are to be commended for the active steps you are now taking with the view of establishing a destructor, and I hope that in my future Reports I will be in a position to record its satisfactory working.”

LEGISLATION.

During the year an extremely important Act that attracted but little attention was passed. This, the Public Health Act of 1896, repealed all the quarantine Acts, so that in this country not even the least semblance of quarantine remains.

During the year also several Reports of the Royal Commission on vaccination were issued, including the final Report, but there are still other Reports containing evidence to follow.

The Local Government Board issued a very complete Report upon measles, and another, still more elaborated, upon oyster culture, especially as to its bearing upon the spread of disease.

ACTS, BYE-LAWS, AND REGULATIONS.

In Part II, the Summaries of the Reports of each of the Districts, the Acts, Bye-laws, and Regulations, adopted and in force in each District, where stated, will be found.

PART II.

SUMMARIES OF THE REPORTS OF THE MEDICAL OFFICERS OF HEALTH OF THE DISTRICTS OF THE COUNTY, URBAN AND RURAL, IN ALPHABETICAL ORDER,

THE Rural Districts follow after the Urban.

The birth-rates and death-rates are per thousand of population living, the infantile mortality-rates are per thousand births.

Details of the vital statistics and sanitary work, extracted from the Reports, will be found collated in Tables A, B, and C (I) (II) (III) and (IV), in Part III. These Tables may be regarded as supplementing the Summaries.

In the Summaries of the Reports of the Medical Officers of Health of the Urban and Rural Districts of the County, a more or less methodical arrangement is adopted so far as the forms in which the various Reports are cast will allow. The facts are grouped as follows:—Name of District, Medical Officer of Health, estimated population, Births and Birth-rate, Deaths and Death-rate, Deaths under one year and Infantile Mortality-rate, Statistical Notes, Infectious Diseases Notification, Epidemics, Hospital, Ambulance, Disinfection, Vaccination, Water Supply, Drainage and Sewerage, Sewage Disposal, Pollution of Streams, Refuse Removal, Refuse Disposal, other notes of sanitary work, and Adoptive Acts, Bye-laws, and Regulations in force.

ACTON URBAN DISTRICT.

Medical Officer of Health, G. A. Garry Simpson, M.R.C.S.

Estimated population, 29,454.

Births, 894; Birth-rate, 30·3.

Deaths, 464; Death-rate, 15·7 (including 29 without the District).

Deaths under 1 year, 151; Infantile mortality-rate, 168·9.

Statistics.—The deaths of 29 residents of Acton, who died in public institutions outside the District, are included in the total deaths. There were 93 deaths from the principal zymotic diseases, a death-rate per 1,000 of 3·1.

Infectious Diseases Notification.—The Act has been in force in the District since 1890. During the year, 259 cases of the notifiable diseases were certified, compared with 161 in 1895.

Epidemics.—Scarlet fever was prevalent in epidemic proportions, 193 cases were notified, but only resulted in one death; whereas, during the epidemic of 1893, the cases notified numbered 192, but caused 10 deaths. The centre of infection was a school. Measles was also present in epidemic form, as it caused the death of 24 children. Whooping-cough also caused 21 deaths.

Infectious Hospital.—(There is no mention of isolation in infectious hospital.)

Sanitation.—The lowering of the water-mains to 2 ft. 6 in. below the surface is nearly completed. A number of sewers were constructed. Regular inspection of the District has been made.

BRENTFORD URBAN DISTRICT.

Medical Officer of Health, Henry Bott, L.R.C.P., M.R.C.S.

Estimated population, 14,638.

Births, 492; Birth-rate, 33·6.

Deaths, 278; Death-rate, 18·9.

Deaths under 1 year, 91; Infantile mortality-rate, 184·9.

Statistics.—The number of deaths from the principal zymotic diseases was 68, equal to a death-rate of 4·6 per 1,000, the highest for the last 10 years.

Infectious Diseases Notification.—The Act has been in force since 1889. During the year 103 cases were certified, as compared with 113 in 1895.

Epidemics.—An epidemic of measles, causing 30 deaths, occurred in the middle of the year. There were 19 cases of diphtheria as compared with 8 cases in the previous year.

Isolation Hospital.—During the year 50 cases of scarlet fever and 3 of diphtheria were admitted, and only 2 deaths occurred. There is an increasing desire to send children to the hospital.

Sanitary Work.—Many dilapidated houses have been reconstructed or closed, but, with closure, overcrowding becomes more common. General work has been steadily going on.

CHISWICK URBAN DISTRICT.

Medical Officer of Health, F. C. Dodsworth, L.R.C.P., M.R.C.S.

Estimated population, 25,182.

Births, 724; Birth-rate, 28·55.

Deaths, 355; Death-rate, 14·29 (exclusive of 5 non-residents).

Deaths under 1 year, 108; Infantile mortality-rate, 149.

Statistics.—The deaths of 5 non-residents dying within the District are excluded from the total deaths. The zymotic death-rate was 3·05 per 1,000 as against 2·4 for 1895, due mainly to whooping-cough and its complications.

Infectious Diseases Notification.—The Act has been in force since January, 1890. During the year 320 certificates were received, in 1895 the number was 118, and in 1894, 132.

Epidemics.—A mild form of scarlet fever was prevalent throughout the year. Measles also prevailed during the first half of the year. Whooping cough was both prevalent and fatal during a similar period.

Isolation Hospital.—A temporary isolation hospital was provided in January, and, during the year, 112 cases were admitted, but it is regretted that a site for a permanent hospital is not yet secured, as it is much needed.

Water Supply.—The question of a constant supply is at present incomplete, but it is believed that during the year it will be general.

Refuse Removal.—The collection of refuse has not been satisfactory, but every confidence is expressed in the contemplated action of the Council to collect the dust by “motor carts,” and to cremate it in a “dust destructor,” as a great advantage from the public health point of view.

General Sanitation.—The usual inspections were made of the various premises in the District. A large number of samples under the Sale of Food and Drugs Acts were analysed, and only three were found adulterated.

EALING URBAN DISTRICT.

Medical Officer of Health, C. A. Patten, L.R.C.P., M.R.C.S.

Estimated population, 31,500.

Births, 651; Birth-rate, 20·6.

Deaths, 308; Death-rate, 9·7.

Deaths under 1 year, 70; Infantile mortality rate, 107·5.

Statistics.—The death-rate from the principal zymotic diseases was 1·4 per 1,000, as compared with 0·6 in 1895, the increase being due to whooping-cough, measles, and diarrhœa, throughout the year.

Infectious Diseases Notification.—The Act has been in force since 1890. 141 cases of infectious disease were notified during the year, compared to 123 in 1895, 164 in 1894, and 236 in 1893. Mild scarlatina was slightly more prevalent.

Isolation Hospital.—Fifty-six cases were admitted to the isolation hospital, two deaths only resulting. An enlargement of the building to the extent of 6 or 8 beds was decided upon.

General Sanitary Work.—The “public cleanliness” of the District has materially improved. No contractor is now employed to remove the dust. The southern destructor and sewage works have been enlarged and improved. The surface-water drainage will soon be completed. The electric lighting is extending.

EDMONTON URBAN DISTRICT.

Medical Officer of Health, C. D. Green, M.D., F.R.C.S., D.P.H.

Estimated population, 32,045 (excluding Strand Workhouse and Schools, 1,384, including 157 of 634 in Edmonton Union Workhouse).

Births, 975; Birth-rate, 30·57 (excluding 5 in the Strand Workhouse, and 40 of 44 in the Edmonton Workhouse).

Deaths, 500; Death-rate, 15·6 (including 45 of 153 in Edmonton Workhouse, and 17 residents dying outside the District).

Deaths under 1 year, 169; Infantile mortality-rate, 173·3 (including 3 parishioners in Edmonton Workhouse, and 3 parishioners dying outside the District).

Statistics.—The Strand Workhouse and Schools population, 1,384; births, 5; total deaths, 100; deaths under 1 year, 6, have been totally excluded from the above statistics. Part of the Edmonton Union Workhouse has been included, the Edmonton Workhouse numbers being set out in full in the Report, as follows:—

Parish.	Population.	Births.	Deaths.	Deaths under 1 year.
Edmonton ..	157	4	45	3
Tottenham ..	213	} 40	54	} 5
Southgate ..	17		5	
Wood Green ..	51		0	
Enfield	71		15	
Hornsey.. ..	50		25	
South Hornsey ..	25		0	
Waltham Abbey	21		4	
Cheshunt ..	29		5	
TOTAL ..	634	44	153	8

The zymotic death-rate was 3·8 per 1,000 as compared with 2·37 in 1895.

Four deaths were registered as uncertified, and no inquests were held upon them.

Infectious Diseases Notification.—The Act has been in force since March, 1891. The number of cases notified during the year was 396; in 1895 the number was 269—of these 269 were of scarlet fever, compared to 162, the number in 1895. A medical practitioner was prosecuted for not certifying 2 cases of scarlet fever, and not giving any explanation when requested.

Epidemics.—The increases in the general death-rate, the infantile mortality-rate, and the zymotic death-rate, were due to an outbreak of measles in March and April, and of diarrhoea in July and August.

The measles epidemic was attended by an exceptionally severe rate of mortality from pulmonary complications. 31 of the 36 deaths were of children under four years of age. Two Day Schools, and all the Sunday Schools, in the Upper Edmonton District were closed for three weeks by the Council, upon the advice of the Medical Officer of Health.

Isolation Hospital.—This still demands serious consideration. Smallpox cases are sent to the new premises of the Smallpox and Vaccination Hospital, late of Highgate. Scarlet fever cases are sent to the Enfield Isolation Hospital *when there is room*. There is no provision made for the isolation of enteric fever and diphtheria.

Ambulance.—An efficient ambulance carriage has been provided, and the various premises of the Council are now in telephonic communication.

Disinfection.—Vehicles for the removal and return of infected bedding and clothing are urgently needed.

Sanitary Work.—The work is much hampered by want of proper office accommodation, but during the year an increasing amount of sanitary work was done, as recorded in the C tables in Part III.

ENFIELD URBAN DISTRICT.

Medical Officer of Health, J. J. Ridge, M.D., B.S., B.A., B.Sc., &c.

Estimated population, 36,000.

Births, 1,069; Birth-rate, 29·7.

Deaths, 475; Death-rate, 13·19.

Deaths under 1 year, 158; Infantile mortality-rate, 147·8.

Statistics.—(The usual Tables A and B, supplied by the Local Government Board, do not appear in the Report). The zymotic death-rate was 3·05 per 1,000. The number of deaths from consumption is remarked as being low for several years past.

Infectious Diseases Notification.—The Act has been in force since 1890. The number of cases reported during the year was 323, compared to 422 in 1895, 208 in 1894, and 545 in 1893. Arrangements have been made to examine bacteriologically suspected cases of diphtheria.

Isolation Hospital.—The number of patients admitted to the temporary isolation hospital was 157; of which 33 were from Edmonton, 18 from Southgate, 10 from South Hornsey, 3 from Cheshunt, 3 from Friern Barnet, 1 from New Barnet, and 89 from Enfield itself. The plans for the

new and permanent hospital, at World's End, have been approved by the Local Government Board, and it is hoped will be proceeded with as soon as possible, as additional accommodation is urgently required.

Disinfection.—An equifex spraying apparatus has been obtained, and is used to disinfect rooms, and the steam disinfecter is used for articles of bedding, clothing, &c. It is recommended to extend disinfection with these forms of apparatus to all cases of phthisis.

Water Supply.—The works at Ponder's End have been proceeded with, and a considerable increase of water supply has been obtained. Twenty-one samples of well-water were examined, and 6 were found unfit for domestic use. "Arrangements have been made by which water from the New River can be turned into the Council's mains in case of emergency."

Sanitary Work.—New sewers are being constructed, and cesspools abolished. A considerable amount of sanitary work has been accomplished.

FINCHLEY URBAN DISTRICT.

Medical Officer of Health, Henry Kenwood, M.B., D.P.H., F.C.S.

Estimated population, 18,651.

Births, 496; Birth-rate, 26·6.

Deaths, 200; Death-rate, 10·7 (including proportion of deaths in Barnet Union Workhouse).

Deaths under 1 year, 46; Infantile mortality-rate, 92·7.

Statistics.—Twelve deaths of residents dying without the District have been included in the total deaths, and 11 deaths

excluded, being those of non-residents dying within the District, of which 6 took place in the Woodside Home, and 3 in the Convent of the Good Shepherd. The zymotic death-rate was 1·28 per 1,000, the lowest on record, except 1·21 in 1891.

Infectious Diseases Notification.—The Act has been in force since January, 1890. During the year 85 notification certificates were received, compared with 77 in 1895, and 171 in 1894. The infectious sickness-rate was 4·5 per 1,000, compared to 4·18 in 1895, and 9·49 in 1894.

Epidemics.—A notable decrease in whooping-cough and measles mortality.

Isolation Hospital.—The number of cases admitted was 17, suffering from scarlet fever.

Water Supply. — Nine samples of well-water were examined, of which 2 were condemned, and successful action taken to remedy matters.

Sewage Disposal.—The filter beds have been relaid with a basis of burnt ballast, several inches of coke breeze, and six inches of surface soil, provided with vents for aëration. It is estimated that, with the exception of occasional renewal of the surface, the filters, if used with proper alternating periods of rest and work every twelve or twenty-four hours, should remain efficient for many years.

Sanitation Generally in the District was fully attended to, see Tables C in Part III.

Laws and Bye-laws.—The following Adoptive Acts are in force in the District :—

The Infectious Diseases (Notification) Act, 1889.

„ „ (Prevention) Act, 1890.

The Public Health Amendment Act, 1890.

The following Bye-laws are in force in the District :—

The cleansing of footways, &c., removal of house-refuse, cleansing of earth-closets, privies, &c.

The prevention of nuisances arising from snow, filth, &c., and the keeping of animals so as to be injurious to health.

Common lodging-houses.

New streets and buildings,

Slaughter-houses.

Houses let in lodgings.

Offensive trades.

FRIERN BARNET URBAN DISTRICT.

Medical Officer of Health, Hugh Stott, L.R.C.P., M.R.C.S., D.P.H.

Estimated population, 8,377.

Births, 213; Birth-rate, 25·4.

Deaths, 72; Death-rate, 8·5 (including proportion of deaths in Barnet Union Workhouse).

Deaths under 1 year, 18; Infantile mortality-rate, 81.

Statistics.—The London County Council Lunatic Asylum at Colney Hatch (population 2,850 or 2,900, births 0, deaths 216), is excluded from the statistics. The number of deaths from zymotic diseases was 13, equal to a rate of 1·5 per 1,000, as compared with 0·9 in 1895, and 1·5 in 1894. (The Tables A and B supplied by the Local Government Board do not appear in the Report).

Infectious Disease Notification.—The Act has been in force since January, 1891. Measles was added to the notifiable diseases in 1894, for a period of 2 years, and again added at the end of 1896. Without measles 49 notifications were received, equal to a rate of 5·6 per 1,000. Of measles 110 notifications were received.

Epidemics.—The epidemic of measles in December, 1895, spread into January of 1896, “no doubt the holiday season was the means of the illness being so prevalent.” Whooping-cough was prevalent throughout the year, and the re-opening of some schools delayed on account of it.

Isolation Hospital.—Three cases of scarlet fever were removed to Enfield Hospital, and 2 cases of diphtheria and 2 cases of typhoid were removed to general hospitals in London, there being no provision for isolation in the District. There is considerable delay also in borrowing the ambulance from the Barnet Union, six miles away. The provision of suitable apparatus for disinfecting is still under consideration.

Water Supply.—The Barnet Water Company are sinking new wells to supply the increasing population in its area of supply.

Sewage Disposal.—The filter beds continue to perform their work efficiently.

Sanitary Work Generally.—Eighteen houses were represented as unfit for human habitation, under the Housing of the Working Classes Act. The pollution of a brook in the Asylum grounds was remedied. Forty-three houses complied with notices to cover the sites with concrete. The Bye-laws for houses let in lodgings still remain “a dead letter.”

Laws and Bye-Laws.—The following Acts have been adopted:—

Infectious Diseases (Notification) Act, 1889; Infectious Diseases (Prevention) Act, 1890, and the Public Health Amendment Act, 1890, Part III; and the following model Bye-laws—New Streets and Buildings, Houses let in Lodgings, Common Lodging-houses, Nuisances, and Slaughter-houses, and also Regulations relating to Dairies, Cowsheds, and Milkshops.

GREENFORD URBAN DISTRICT.

Medical Officer of Health, R. Graves Burton, M.D.

Estimated population, 747.

Births, 21; Birth-rate, 28·10.

Deaths, 6; Death-rate, 8·03.

Deaths under 1 year, 1; Infantile mortality-rate, 47·6.

Statistics.—Two of the deaths were of non-residents, but they are not deducted in order to balance the deaths of residents occurring in the Isleworth Infirmary, outside the District. No deaths from zymotic diseases occurred in the District.

Infectious Diseases Notification.—The Act has been in force since 1892. During the year only 5 cases of infectious disease were notified, in 1895 there were 12 cases, and in 1894 there were 8. The age is not provided for on the notification form.

Sanitation.—In addition to the sanitary work of the District, action was taken against the Willesden and Wembley Sanitary Authorities for polluting the River Brent, and injunctions were successfully obtained.

HAMPTON URBAN DISTRICT.

Medical Officer of Health, Wentworth Tyndale, M.B.

Estimated population, 6,000.

Births, 157 ; Birth-rate, 26·1.

Deaths, 67 ; Death-rate, 11·16.

Deaths under 1 year, 17 ; Infantile mortality-rate, 108.

Infectious Diseases Notification.—The Act has been in force since 1890. The number of cases of infectious disease reported during the year was 82, and, in addition, 15 cases of measles.

Epidemics.—Scarlet fever prevailed in the spring and in the autumn ; two Day Schools and the Sunday Schools were closed for some weeks.

Isolation Hospital.—Twenty-seven cases of scarlet fever were removed to the hospital at Tolworth, Surbiton, Surrey ; 6 diphtheria cases were also removed to hospital.

Sanitation.—The system of drainage is progressing, and will be completed, probably, in a year, as it is urgently needed on account of the cesspools overflowing since they have been cut off from the Thames, the overflowing having caused most of the wells to be closed on account of pollution. Closed metal bins are being more used for house refuse. The Grand Junction Water Company has supplied water of sufficient quality and quantity, have re-laid their mains deeper, and produce less smoke from their chimney shafts. The surveyor has resigned the office of Sanitary Inspector, and will be succeeded by an Inspector devoting his whole time to his duties.

HAMPTON WICK URBAN DISTRICT.

Medical Officer of Health, Th. Günther, M.D.

Estimated population, 2,378.

Births, 52 ; Birth-rate, 21·8.

Deaths, 24 ; Death-rate, 8·41.

Deaths under 1 year, 0 ; Infantile mortality-rate, 0.

Statistics.—Four of the deaths were due to the drowning of persons strangers to the District.

Infectious Diseases Notification.—The Act has been in force since 1890. During the year, 8 cases were notified as compared with 7 in 1895, 15 in 1894, and 27 in 1893,

Isolation Hospital.—There is no provision in the District. A case of diphtheria was sent in a suitable conveyance to a London hospital.

Water Supply.—The Grand Junction Water Company have lowered all their mains to 2 feet 8 inches below the surface, beyond the reach of frost in the future.

Drainage and Sewerage.—It is recommended that manholes should be inserted, with ventilators, so that the intercepting traps between the house-drains and sewers may be made accessible, so as to clear stoppages in the house-drains and their outlets into the sewers. For small houses, the drains are being laid of 4 inches diameter instead of 6 inches, and it is found sufficient. The simultaneous flushing of all closets and traps twice a-year is advised, as a means of keeping the house-drain clear. Three-gallon flushing tanks are recommended as a better size for flushing w.c.'s than two-gallon. A water-cart has been provided for flushing the sewers. The Shone ejectors have not yet been duplicated.

Generally.—Hampton Court Road is rendered dangerous and insanitary by the leaky condition of the London and Vauxhall Water Company's main, no less than 62 openings have been made during the year to repair leaks undermining the road. Bye-laws were made in December for carrying out the provisions of the Infant Life Protection Act. The newly-built mortuary is nearly complete, the fittings being arranged very well.

HANWELL URBAN DISTRICT.

Medical Officer of Health, R. Graves Burton, M.D.

Estimated population, 6,632 (including Central London District Schools, and St. Joseph's Home.)

Births, 175; Birth-rate, 26·3.

Deaths, 98; Death-rate, 14·7 (including 8 at the Central London District Schools).

Deaths under 1 year, 23; Infantile mortality-rate, 131·4.

Statistics. — The Central London District Schools (population, (?); births, 0; deaths, 8) are included in the statistics, and, to make allowance for residents dying outside the District, the deaths of 2 non-residents dying within the District are also included. The death-rate in 1895 was 10·8.

Infectious Diseases Notification.—The Act has been in force since March, 1890. During the year 89 cases of infectious disease were notified, of which 27 occurred in the Central London District Schools, namely, 17 of scarlet fever, and 10 of diphtheria. The age does not appear on notification form. The proportion of notified cases to population was 13·4 per thousand

Epidemics.—An epidemic of measles and whooping-cough, with 26 deaths, was the cause of the rise in the death-rate.

The Hanwell National Schools and the British Schools had to be closed for several weeks on account of the measles epidemic.

Isolation Hospital and Disinfection.—There is no isolation hospital; but, a Local Government Board Inquiry was held during the year, and approval obtained to the erection of a hospital near the sewage farm, and a disinfecting apparatus will be put up at the same time.

Sanitation Generally.—It is suggested that a Sanitary Inspector, in addition to the Surveyor, will require to be appointed as the population increases. Many cottages and houses have been put into better sanitary condition, some having been ordered by the magistrates to be closed in the meantime. A loan has been obtained for providing $2\frac{1}{2}$ additional acres of land at the sewage farm. The sewers are to be provided with additional ventilating shafts and 3 automatic flushing tanks. The River Brent has received attention during the year. About 100 new houses have been erected in the District.

HARROW-ON-THE-HILL URBAN DISTRICT.

Medical Officer of Health, J. Fletcher Little, M.B., M.R.C.P.

Estimated population, 8,373.

Births, 194; Birth-rate, 23·7

Deaths, 71; Death-rate, 8·5.

Deaths under 1 year, 22; Infantile mortality-rate, 113.

Statistics. --- Although the population has steadily increased during the last ten years, the death-rate has remained practically stationary.

Infectious Diseases Notification.—The Act has been in force since 1890. During the year 60 cases were notified, namely, 44 of scarlet fever, 6 of diphtheria, 5 of typhoid fever, and 5 of erysipelas.

Isolation Hospital.—Thirty-two patients were admitted during the year, of these, 31 had scarlet fever, and 1 diphtheria. The hospital has proved of the greatest use. The Council is urged to provide a steam disinfecting apparatus at the earliest possible moment.

Sanitation.—There are still some water-closets without water. When the dairies have complied with the Regulations, they will be recommended for registration. The majority of the bakehouses are in good sanitary condition, and so are the slaughter-houses, although badly situated. The registered common lodging-houses have been duly visited. 86 new dwelling houses, 3 additions, and 15 other buildings were erected during the year.

HENDON URBAN DISTRICT.

Medical Officer of Health, F. W. Andrew, M.R.C.S., L.R.C.P.

Estimated population, 18,588 (excluding 274 of the 349 inmates of the Union Workhouse).

Births, 560 ; Birth-rate, 31·2 (excluding 29 of the 36 births in the Union Infirmary).

Deaths, 258 ; Death-rate, 13·8 (excluding 72 of the 95 deaths in the Union Workhouse).

Deaths under 1 year, 95 ; Infantile mortality-rate, 160.

Statistics.—The workhouse accommodates Hendon, Willesden, Harrow, Great and Little Stanmore, Edgware, and Kingsbury; the following is quoted as the return for the year:—

(a) Average number of inmates in union for	
year	349
(b) Average number of inmates chargeable	
to Hendon	75
(c) Number of deaths in union for year ..	95
(d) „ „ chargeable to Hendon ..	23
(e) Number of births in union for year ..	36
(f) „ „ chargeable to Hendon ..	7

(In Table A, Part III, it has been necessary to include the workhouse, as the ages and causes of death of those to be excluded are not deducted, and are not available for deduction.)

Infectious Diseases Notification.—The Act has been in force since 1891. During the year, 950 cases were notified, as compared with 237 in 1895, and 817 in 1894. Measles and whooping-cough were struck out of the list of notifiable diseases on December 12th. During the year the notification of measles, cost £74 7s. 6d.; of whooping-cough, £20 4s. 6d.; of scarlet fever, £13 10s.; of erysipelas, £2 11s. 6d.; of diphtheria, £2 2s. 6d.; of typhoid fever, £1; of smallpox, 12s. 6d.; of puerperal fever, 7s 6d.; and of membranous croup, 2s. 6d. In a Special Report, the expense and failure of the compulsory notification of measles and whooping-cough are set out.

Epidemics.—Two rather sudden outbreaks of scarlet fever occurred, and severe epidemics of measles and whooping-cough prevailed, necessitating the closure of some Day and Sunday Schools.

Isolation Hospital.—Sixty patients were admitted to the hospital during the year. Three smallpox cases were removed to Highgate Hospital. Three times during the year, cases could not be admitted to the Hendon Hospital, and it was resolved to at once erect a new additional ward. The new ward will hold four beds, and has a nurse's room adjoining, and will be available also as a probationary ward or an isolation ward as necessity demands. A mortuary is attached to the hospital.

Water Supply.—The water supply is from the Colne Valley and West Middlesex Water Companies, the former gives a constant supply throughout, but not so the latter.

Drainage and Sewerage.—On the Birkbeck Estate, Mill Hill, nearly all the houses have been connected to the new sewers, and the cesspools abolished; and a contract for the extension of the low level sewerage system to Burnt Oak and Orange Hill has been entered into.

Sewage Disposal.—The contract having terminated, the Council have taken over the sewage works, and purchased also 19 additional acres of land. The land filter-beds have been re-dug, re-newed with sand and ballast, and enlarged, and the polarite filter-beds are also worked. The sludge is pressed or passed on to the land.

Refuse Removal.—The dusting contract not being well carried out, it is recommended either to make it more stringent or to undertake the work with the staff and plant of the Board. In order to do this, it is recommended that a destructor should be erected, and that the ash should be used for the sewage filter beds.

Sanitation Generally.—The various premises have been periodically inspected, and a house-to-house inspection of the District is proceeding. For the second time an attempt to convert Golder's Green into a cemetery has failed, the applicants being the Abney Park Cemetery Company, and the Home Office upon enquiry deciding against them. The erection of Schweppe's Factory in West Hendon, has given an impetus to the increase of population and buildings.

HESTON AND ISLEWORTH URBAN DISTRICT.

Medical Officer of Health, T. W. Bullock, M.R.C.S.

Estimated population, 28,352 (including all workhouse).

Births, 790; Birth-rate, 27·86.

Deaths, 411; Death-rate, 14·49 (excluding 110 deaths of non-residents in union workhouse).

Deaths under 1 year, 119; Infantile mortality-rate, 150·63.

Statistics.—(The whole population of the union workhouse is included in the estimated population of the District, but only part of the deaths is included, consequently the death-rate is really somewhat higher than it appears.) The zymotic death-rate was 2·49 per 1,000, having been 2·7 in the previous year.

Infectious Diseases Notification.—The Act has been in force since January, 1890. During the year, 283 cases were notified, including 199 of scarlet fever, and 58 of diphtheria. In addition, 9 cases of measles were also notified, the order for the compulsory notification of measles, which had been in abeyance since July, 1894, having been re-adopted and re-enforced since September 14th, 1896,

Epidemics.--Forty-eight cases of scarlet fever occurred in the District Schools, the inefficiency of the disinfecting apparatus having something to do with the matter. An outbreak of diphtheria also occurred at the National Schools at Hounslow, necessitating their closure for some weeks, and attributed possibly to the foul state of an effluent watercourse, which has since been piped in.

Isolation Hospital.—It is expected that the new buildings at Mogden will be commenced soon, and will provide accommodation for all infectious diseases, except smallpox, which will be accommodated at the old building at Dockwell, some 5 miles distance from Mogden. Meanwhile, a temporary addition has been erected for scarlet fever at the old building. A new steam disinfector has been erected.

Water Supply.—The waters of 8 wells supplying 17 houses were examined, and, being found contaminated, the wells were closed and water laid on from the main. The Water Company's mains have been relaid at greater depth to avoid frost.

Sanitation Generally.—Under the Housing of the Working Classes Act, 31 houses were represented, 24 were made habitable, 3 are still under repair, and 5 still closed. Various steps were taken under the Regulations for dairies, cowsheds, and milkshops. There is as yet no mortuary for Hounslow. The condition of the backwater of the canal at North Hyde has not yet been improved. The unhealthy areas are still in existence. Some of the roads in the District require attention,

HORNSEY URBAN DISTRICT.

Medical Officer of Health, Henry Clothier, M.D.

Estimated population, 62,076.

Births, 1,294; Birth-rate, 20·84.

Deaths, 523; Death-rate, 8·42.

Deaths under 1 year, 133; Infantile mortality-rate, 102·7.

Statistics.—The death-rate is the lowest annual death-rate ever recorded in the District. The zymotic death-rate was 0·93 per 1,000.

Infectious Diseases Notification.—The Act has been in force since January, 1890. 709 cases were notified during the year, compared with 615 in 1895, 410 in 1894, and 618 in 1893.

Epidemics.—There was a somewhat increased prevalence of scarlet fever throughout the year, the mild type probably causing neglect of precautions and increase of spread, otherwise, with the exception of a few extra cases of diphtheria, there was less infectious disease prevalent.

Isolation Hospital.—305 cases were treated in the isolation hospital during the year, compared with 139 in 1895, and 125 in 1894. The 305 cases included one of typhoid fever, and 24 of diphtheria, the rest being scarlet fever cases. There was only one death from diphtheria, the low mortality being mainly due to the successful use of antitoxin.

Sanitation.—The Tables C in Part III, set out the sanitary work done. The whole of the 12 cells at the refuse destructor have been in operation during the year, and destroyed 12,106 tons of refuse. Of the 2,557 yards

of new stoneware pipe sewers laid, 1,410 yards were foul-water sewers, and 1,147 yards of surface-water sewers. The sewers have been periodically carefully flushed, extra flushing places have been fixed; and 32 upcast shafts have replaced road openings for ventilation.

SOUTHALL-NORWOOD URBAN DISTRICT.

Medical Officer of Health, J. D. Windle, L.R.C.P., M.R.C.S.

Estimated population, 7,184 (excluding population, 2,167 of London County Asylum).

Births, 207; Birth-rate, 28·8.

Deaths, 91; Death-rate, 12·6 (excluding 166 in the L.C.C. Asylum, and including 5 outside the District).

Deaths under 1 year, 31; Infantile mortality-rate, 149·7

Statistics. — The London County Asylum (population, 2,167; births, 0; deaths, 166) is entirely excluded from the Statistics. Five deaths of persons dying outside the District, namely, 2 in Hillingdon Union Workhouse, and 3 in the Joint Isolation Hospital at Hillingdon, are included. The zymotic death-rate was 2·0 per 1,000.

Infectious Diseases Notification. — The Act has been in force since July, 1891. During the year 74 cases were notified (including 7 of erysipelas in the L.C.C. Asylum), as compared with 51 in 1895, 81 in 1894, and 118 in 1893.

Epidemics. — There were a series of small outbreaks of scarlet fever occurring at variable intervals, mainly accounted for by personal infection from slight cases unrecognised by parents. Measles and whooping-cough were both prevalent,

Isolation Hospital.—Sixty cases of infectious disease were removed to the Joint Hospital at Hillingdon, and 8 were isolated at the Institutions in which they occurred. A Local Government Board Inquiry was held, in February, into the question of providing a separate isolation hospital and disinfecting station for the District, and negotiations were later entered into for the purchase of 5 acres of land at North Hyde.

Vaccination.—During the year 298 infants were successfully vaccinated.

Water Supply.—There are very few wells in the District. The waters of 6 wells were examined, 3 were found polluted, and notices served to close the wells, and the main is being laid along the road to the houses requiring supply.

River Pollution.—The River Crane was polluted (1) by an overflow from creosoting works, and (2) from cesspits and cesspools. The River Brent was polluted by the effluent from gasworks at the L.C.C. Asylum.

Sewage Disposal.--The water carriage system with separate storm-water sewers is the principle of sewage removal. Two additional settling tanks and filters have been constructed at the works. The flow from the District is 450,000 gallons, and from the L.C.C. Asylum 125,000 gallons, in 24 hours. The new sewer to North Hyde is completed.

Refuse Disposal.—The advisability of considering the construction of a refuse destructor is suggested, to avoid the deposit of refuse in excavations, on building sites, and elsewhere.

Housing of the Working Classes Act.—Representations as to houses unfit for human habitation were made, and the houses accordingly closed. Upon an appeal to the Middlesex Quarter Sessions against six orders of demolition by the Council, the Court held that one must be upheld, but not the other five, the houses remaining closed.

Adoptive Acts in force in the District:—

- (1) Infectious Diseases (Notification) Act, 1889.
- (2) „ „ (Prevention) „ 1890.
- (3) Public Health Amendment Act, 1890.

The Bye-laws in force:—

- (1) Cleansing of earth-closets, privies, ashpits, &c.
- (2) Prevention of nuisances, &c.
- (3) Common lodging houses.
- (4) New streets and buildings.
- (5) Slaughter-houses.
- (6) Houses let in lodgings.

Burial Grounds.—Full particulars as to the two burial grounds, The Cemetery and St. John's, are also stated in the Report.

SOUTHGATE URBAN DISTRICT.

Medical Officer of Health, E. C. Roberts, M.R.C.S.

Estimated population, 12,500 (excluding the M.A.B. Northern Hospital).

Births, 315; Birth-rate, 25·2.

Deaths, 103; Death-rate, 9·3 (excluding the 14 deaths in the M.A.B. Northern Hospital).

Deaths under 1 year, 25; Infantile mortality rate, 79·3.

Statistics.—The Metropolitan Asylums Board's Northern Hospital, at Winchmore Hill, has been excluded from the statistics. At that institution the population was (?), the births 0, the deaths 14, of which 11 were due to scarlet fever, 2 to diphtheria, and 1 to gastric ulcer—the last death being that of an attendant at the hospital. During the year 5,221 cases of scarlet fever and 618 cases of diphtheria were treated at the Northern Hospital. The deaths from zymotic diseases were—diphtheria, 1; enteric fever, 3; measles, 1; diarrhoea, 8; total 13, equal to a rate of 1·04 per 1,000.

Infectious Diseases Notification.—The Act has been in force since December, 1889. The number of cases notified was 95, a decrease of 13 on last year.

Epidemics.—Scarlet fever was slightly prevalent, the diphtheria cases were 10 fewer than last year, and only 1 case proved fatal.

Isolation Hospital.—Nineteen cases of scarlet fever were removed to the Infectious Disease Hospital at Enfield, no more could be received into that hospital.

Arrangements have been made at Highgate Hospital for the use of 5 beds for small-pox when required. A plot of land has been purchased for an Infectious Disease Hospital, the site sanctioned by the Local Government Board, and the plans drawn, but negotiations with the Wood Green Council have caused delay in its erection. An ambulance has been purchased for the removal of infectious cases.

Sewers and Drains.—Applications have been made for loans of £2,000 and £3,300 for sewers. Flushing of the sewers has been carried out, and a few ventilating shafts

erected, but more frequent flushing and more shafts are required. All new drains are tested with water before being covered in.

Sanitation generally.—Streets and roads are being made up, kerbed, and channelled, and backways paved and drained. Pymm's Brook is polluted by houses at Cockfosters, in the East Barnet and Enfield Districts. A number of well-waters were tested, and one well closed as polluted. Two cottages were closed as unfit for habitation. The usual inspections were carried out.

SOUTH HORNSEY URBAN DISTRICT.

Medical Officer of Health, T. S. H. Jackman, L.R.C.P.

Estimated population, 17,200.

Births, 395 ; Birth-rate, 22·3.

Deaths, 240 ; Death-rate, 13·9.

Deaths under 1 year, 45 ; Infantile mortality-rate, 114.

Statistics.—The deaths from zymotic diseases numbered 46, equal to a rate of 2·3 per 1,000 ; in the previous year the rate was 1·8.

Infectious Diseases Notification.—The Act has been in force since 1892. The number of cases notified during the year was 127, as compared with 134 in the previous year. Of the 78 cases of scarlet fever notified only one died.

Isolation Hospital.—The works in connection with the isolation hospital are proceeding.

STAINES URBAN DISTRICT.

Medical Officer of Health, Albert Curtis, M.R.C.S.

Estimated population, 5,270.

Births, 166 ; Birth-rate, 31·5.

Deaths, 57 ; Death-rate, 10·81 (including 5 dying in the Union Workhouse, Stanwell).

Deaths under 1 year, 10 ; Infantile mortality-rate, 60.

Statistics.—The Billet Estate, previously a part of Stanwell Parish, Staines Rural District, has been recently incorporated into the Staines Urban District, but in the absence of exact knowledge of the area, population, etc., the statistics remain as calculated upon the Census Returns of 1891 until more correct figures are obtained. In November, 1894, the particulars of the area appear to have been:—houses, 107 ; population, 463 ; adults, 265, children, 198.

Infectious Diseases Notification.—The Act has been in force since 1890. During the year, 22 cases of infectious disease were notified, as compared with 38 last year.

Isolation Hospital.—There is no hospital for the isolation of infectious diseases.

Sanitation.—125 nuisances were inspected, and abated or ameliorated. It is hoped that when all the houses are connected with the sewers many of these nuisances will not recur. Where the well-waters have been condemned by the analyst, the Company's water has been laid on.

SUNBURY URBAN DISTRICT.

Medical Officer of Health, C. Dwight Morris, L.R.C.P.,
M.R.C.S.

Estimated population, 4,400.

Births, 146; Birth-rate, 33·2.

Deaths, 44; Death-rate, 10·0.

Deaths under 1 year, 12; Infantile mortality-rate, 82.

Statistics.—The zymotic death-rate was 1·1 per 1000.
The number of illegitimate births was 8.

Infectious Diseases Notification.—The Act has been in force since 1891, and was re-adopted in January, 1894, when the District was separated from the Staines Rural District. During the year, 33 cases of infectious disease were notified.

Isolation Hospital.—In the absence of an infectious diseases hospital, assistance was rendered in nursing, helping to prevent the spread of disease by the instructions given.

Disinfection.—This is carried out by a man specially employed, but in the absence of the use of a steam disinfecter, the bedding and clothing are not properly disinfected.

Drainage and Sewerage.—When the new system of sewerage is available it is hoped that the earthenware soil-pipes inside houses may be remedied, and the condition of the ditches in the Staines Road improved. While the question of cemetery extension is being considered, it is recommended also to consider the question of mortuary accommodation.

TEDDINGTON URBAN DISTRICT.

Medical Officer of Health, Th. Günther, M.D.

Estimated population, 12,100.

Births, 260 ; Birth-rate, 21·48.

Deaths, 136 ; Death-rate, 11·24.

Deaths under 1 year, 34 ; Infantile mortality-rate, 130.

Statistics.—The death-rate is the lowest since 1888. In 1895 the infantile mortality-rate was 204 deaths under 1 year per 1,000 births.

Infectious Diseases Notification.—The Act has been in force since 1890. During the year, 76 cases were notified, as compared with 52 in 1895, 63 in 1894, and 184 in 1893.

Epidemics.—There were 36 cases of scarlatina notified, compared with 15 in the previous year, but as not a single death occurred from the disease, the type was very mild, and the cases were evenly distributed.

Isolation Hospital.—It is considered very desirable that the subject of providing accommodation for the isolation of infectious cases should receive serious consideration.

Water Supply.—The Grand Junction Water Company continue the work of lowering their mains to prevent freezing. Five well-waters were examined, and two being found contaminated the two wells were closed.

Drainage and Sewerage.—The Council has resolved as follows:—"That the Surveyor be instructed to require all new buildings where it is proposed to jointly drain two or more houses into a single drain, to insist upon such drain being constructed outside of such houses, otherwise, separate connections for each house to be made." This regulation has since been made to extend to both old and new houses.

Sanitation Generally.—A systematic inspection of the District was made, and many nuisances abated and improvements made. The Almshouses require repair badly. The Island opposite the sewage works has a number of primitive structures for habitation in a dilapidated condition, but has now been acquired by neighbouring landowners. The various premises have been periodically inspected, and found in fair condition.

TOTTENHAM URBAN DISTRICT.

Medical Officer of Health, W. T. Watson, B.A., M.D.

Estimated population, 83,790, (? including public institutions).

Births, 2,513 ; Birth-rate, 29·4.

Deaths, 1,124 ; Death-rate, 13·4 (excluding 103 deaths in public institutions).

Deaths under 1 year, 377 ; Infantile mortality-rate, 151·9.

Statistics.—The 103 deaths excluded from the total deaths presumably occurred at the North Eastern Hospital of the Metropolitan Asylums Board, in St. Anne's Road. The number of deaths from the seven principal zymotic diseases was 215, equal to a rate of 2·5 per 1,000, compared with 1·7 in 1895, and 1·9 in 1894.

Infectious Diseases Notification.—The Act has been in force since 1890. During the year, 1,087 cases were notified, of which 689 were scarlet fever, compared with 264 notified in 1895.

Epidemics.—Measles was very prevalent from April to July, and two large schools were closed for several weeks. Mild scarlet fever was also very prevalent.

Disinfection.—A Washington Lyon steam disinfecter was erected during the year, at the outfall works, and two vans for transport are being built. When all is ready, infected articles will be removed, disinfected, and returned free of charge to owners.

Water Supply.—1,820 houses were inspected for the detection of waste of water, and, in 530, defects were found and remedied. During the year the Water Companies supplying houses outside the Council's water system have not cut off the water in any one known instance, presumably due to the protests of the Council.

River Pollution.—The Moselle Brook is still polluted, although the stream has been cleaned out and improved.

Refuse Disposal.—On account of the rapid increase of the number of population and houses in the District, increasing difficulty is experienced in disposing of refuse, and the question of erecting a destructor is proceeding.

Sanitation Generally.—A full record of sanitary work accomplished is set out as shown in Tables C., Part III. The number of houses, and of shops and houses erected during the year was 364.

TWICKENHAM URBAN DISTRICT.

Medical Officer of Health, W. Marston Clark, M.R.C.S.,
D.P.H.

Estimated population, 18,000.

Births, 455; Birth-rate, 25·27.

Deaths, 203; Death-rate, 11·27.

Deaths under 1 year, 58; Infantile mortality-rate, 127·5.

Statistics.—The 203 deaths include 10 at Whitton, 8 at St. John's Hospital, 1 at the Powder Mills, and 1 at the military quarters at Whitton. There were 5 uncertified deaths.

Infectious Diseases Notification.—The Act has been in force since 1890. During the year 109 cases were notified.

Epidemics.—With the exception of an outbreak of measles in the Whitton District, where the schools were closed for three weeks at Easter time, there was no undue prevalence of disease.

Isolation Hospital.—Twenty-three cases of scarlet fever were admitted to the Cottage Hospital, compared with 16 in 1895. The interior has been cleansed and decorated, and tar paving laid at the whole of the back.

Water Supply.—Thirteen well-waters were examined and 3 found unfit, and the wells closed.

Sanitation Generally.—All the laundries have been carefully inspected for the first time. Other premises have been periodically visited, and a number of other inspections made. Plans for 109 houses were approved, all connected to main sewer, and water laid to each house and closet.

UXBRIDGE URBAN DISTRICT.

Medical Officer of Health, A. Charpentier, M.D.

Estimated population, 8,636.

Births, 219; Birth-rate, 25·3.

Deaths, 129; Death-rate, 14·9 (including 11 in work-house and 2 in Joint Hospital).

Deaths under 1 year, 28; Infantile mortality-rate, 127·8.

Statistics.—The deaths belonging to the District, in the workhouse (11), and in the joint hospital (2), both institutions outside the District, are included in the total deaths. The deaths from zymotic diseases numbered 11, equal to a rate of 1·2 per 1,000.

Infectious Diseases Notification.—The Act has been in force since January, 1890. During the year 63 cases were notified, compared with 64 in the previous year.

Isolation Hospital.—During the year 32 cases of scarlet fever and 7 of diphtheria were removed to the joint isolation hospital at Hillingdon, Uxbridge Rural District.

Sanitation.—A mortuary is urgently needed in the District. The new sewage works are being constructed. The inspection of the District has been duly carried out.

WEALDSTONE URBAN DISTRICT.

Medical Officer of Health, G. H. Butler, L.R.C.P., M.R.C.S.

Estimated population, 3,141.

Births, 92; Birth-rate, 29·2.

Deaths, 31; Death-rate, 10·1.

Deaths under 1 year, 15; Infantile mortality-rate, 163.

Statistics.—During the year a census was taken, showing the population to be 3,141.

Infectious Diseases Notification.—The Act has been in force since 1891, when the District formed part of the Hendon Rural District. During the year 26 cases were notified, of which 14 were of erysipelas.

Epidemics.—A severe epidemic of measles prevailed from July to September, and whooping-cough was also prevalent during the last quarter of the year. At the end of May there was also an epidemic of acute ulcerative sore throat.

Isolation Hospital.—The Medical Officers of Health of Stanmore, Wembley, and Wealdstone met in October to discuss a combined District scheme, which is now before the respective Councils.

Sanitation.—There is urgent need for more dwellings for the working classes. The approval of the Local Government Board to regulations for dairies, cowsheds, and milkshops has been sought. Some of the roads that are in an insanitary condition are being dealt with. A scheme for the improvement of the sewage farm is under consideration. Systematic inspections of the District have been carried out. Attention is called to the fact that the District is still without a mortuary, and the provision of a suitable burial ground or cemetery is urged.

WEMBLEY URBAN DISTRICT.

Medical Officer of Health, C. E. Goddard, L.R.C.P., M.R.C.S.

Estimated population, 4,340.

Births, 119; Birth-rate, 27·4.

Deaths, 39; Death-rate, 8·9.

Deaths under 1 year, 11; Infantile mortality-rate, 92.

Statistics.—A year ago a local census of Wembley Ward was taken, showing 3,640 inhabitants, and the estimated population of Kingsbury Ward is 700, making a total for the District of 4,340.

Infectious Diseases Notification.—The Act has been in force since 1891, when the District formed part of the Hendon Rural District, and was re-adopted in 1895 after the separate existence of the District. During the year 24 cases were notified, of which 15 were of scarlet fever.

Isolation Hospital.—The isolation hospital scheme, advocated last year in conjunction with other Boards, is now regarded as too costly.

Sanitation.—A manure factory at Alperton, belonging to the Fish Utilization Syndicate, has, on account of complaints of nuisance, been practically closed. The importation of rough dust into Alperton, by a Mr. Haynes, having been renewed, and constituting an infringement of an injunction obtained by the late Hendon Sanitary Authority in 1892, the defendant undertook to cease the nuisance and pay a penalty. The District is supplied by the Colne Valley Water Company with excellent water, that is subjected to a softening process at Bushey before distribution. It is recommended that certain roads and paths be improved. The regular inspections in the District were duly made, making a total of 800 visits.

WILLESDEN URBAN DISTRICT.

Medical Officer of Health, D. S. Skinner, M.D.

Estimated population, 85,752 (including 200 in the Hendon Workhouse, and 131 in lunatic asylums beyond the District).

Births, 2,762; Birth-rate 32·2 (including 13 births in Hendon Workhouse).

Deaths, 1,312; Death-rate, 15·29 (including 72 in the Metropolis, 31 in workhouse, and 8 in lunatic asylums).

Deaths under 1 year, 460; Infantile mortality-rate, 166.

Statistics.—Of the births 59 were illegitimate, and of the deaths 46 were of illegitimate children. [In Table A cannot be included the proportion of Hendon Workhouse (population 200, births 13, deaths 31), and of lunatic asylums (population 131, births 0, deaths 8), and of metropolitan institutions (deaths 72), nor excluded the 9 persons dying within the District but not belonging thereto, on account of the ages not appearing for residents dying outside the District.] The zymotic mortality-rate was equal to 3·40 per 1,000.

Infectious Diseases Notification.—The local Act came into force in October, 1887. During the year 815 notifications were received, compared to 741 in 1895, of which 475 were of scarlet fever, compared to 392 in 1895.

Epidemics.—In the spring a severe outbreak of measles occurred, increasing the number of deaths of infants, and altogether causing 124 deaths; some schools were closed before and some during the holidays, with advantage. Diarrhæa also prevailed in the summer, causing the deaths of 68 children under five years of age.

Isolation Hospital.—343 cases from the Willesden District were admitted during the year. From the Special Report upon the hospital it appears—that the permanent buildings accommodate, with a cubic space of 2,000 cubic feet per head, 42 beds and 16 cots, the iron building 12 beds and 2 cots, a total of 54 beds and 18 cots; that 370 patients in all were admitted during the year, namely, 2 smallpox, 296 scarlet fever, 53 diphtheria, 5 typhoid fever, 3 erysipelas, 2 measles, 2 influenza, 1 quinsy, and 6 other diseases. A charge of three guineas is made for patients from outside the District, but the charge for patients from

within has been discontinued. The staff consists of medical superintendent, matron, steward, 4 charge nurses, 2 advanced probationers, and 6 probationers, also a seamstress with a temporary assistant, 12 laundry and other maids, a coachman, an engineer, and 2 lads. The steam disinfecting apparatus is at the hospital.

Vaccination.—

No. of Births during 1896.	Successfully Vaccinated.	Insusceptible.	Dead. Unvaccinated.	Postponed.	Gone Away.	Not yet Vaccinated.
2,750	1,591	15	246	89	252	557

Water Supply.—The West Middlesex Water Company has put on a constant supply to two roads in the Stonebridge District, but a constant supply over all the District is needed. 245 notices were received from the Company of the supply being discontinued, and in 36 instances the premises were found to be occupied.

Sewerage and the River Brent.—During the long dry season the Canal Company sent no water down the Brent, so that the pools became very foul. Extensive additions in land and works are being made to the sewage fields, the tank, and filtering beds.

Sanitation Generally.—The laundries, workshops, and bakehouses received due attention. The usual premises were duly inspected. A shelter for the destitute being found overcrowded and ill-ventilated, contrary to the bye-laws, and the building not having been sanctioned for habitation under Section 33 of the Public Health Amendment Act, 1890, was closed, the Magistrate inflicting a fine of £5 and costs.

WOOD GREEN URBAN DISTRICT.

Medical Officer of Health, C. H. Conolly, M.R.C.S.

Estimated population, 30,116.

Births, 911; Birth-rate, 30·24.

Deaths, 380; Death-rate, 12·62.

Deaths under 1 year, 138; Infantile mortality-rate, 151.

Statistics.—The Masonic School (290 persons) is included in the statistics. The number of deaths from the seven zymotic diseases was 87, equal to a rate of 2·88 per 1,000. In 1895 the deaths were 88, a rate of 3·01 per 1,000.

Infectious Diseases Notification.—The Act has been in force since March, 1890. During the year, 187 notifications were received, but, according to Table B, 193 cases appear to have been notified.

Epidemics.—Measles was prevalent during the first few months of the year.

Isolation Hospital.—The agreement between the Southgate and Wood Green Councils, to purchase land in Tile Kiln Lane for an isolation hospital, has been carried out as far as the acquisition of the land, but no farther. An ambulance for the transport of infectious cases is now ready.

Sanitation.—The plans of 114 dwelling houses were approved during the year. The usual inspections were made, and bye-laws for houses let in lodgings are under consideration.

HENDON RURAL DISTRICT.

Medical Officer of Health, B. Campbell-Gowan, L.R.C.P., M.R.C.S.

Estimated population, 7,679.

Births, 173; Birth-rate, 22·52.

Deaths, 79; Death-rate, 10·28.

Deaths under 1 year, 19; Infantile mortality-rate, 109·8.

Statistics.—There were 3 deaths from the principal zymotic diseases, equal to a rate of 0·91 per 1,000, as compared with 1·18 in 1895.

Infectious Diseases Notification.—The Act has been in force since 1891. During the year, 57 cases were notified, as compared to 52 in 1895.

Isolation Hospital.—This “is still in the stage of conception.” It is suggested that two of the three owners should buy the third out, and build on their own account.

Sanitation.—The condition of the cottages, Belvedere, Great Stanmore, is worse than in the previous year, and proper cottage accommodation is badly wanted in this village. In the village of Edgware the brook is no longer “a sinuous open cesspit.” The new sewerage system has been provided, and most of the old rookeries have been demolished or renovated.

STAINES RURAL DISTRICT.

Medical Officer of Health, C. Dwight Morris, L.R.C.P., M.R.C.S.

Estimated population, 19,500 (including 194 in union workhouse).

Births, 539 ; Birth-rate, 27·6 (none in union workhouse).

Deaths, 238 ; Death-rate, 12·2 (including 18 in union workhouse).

Deaths under 1 year. 52 ; Infantile mortality-rate, 96.

Statistics.—The zymotic death-rate was 1·3. The number of illegitimate children born was 29.

Infectious Diseases Notification.—The Act has been in force since December, 1891. During the year, 108 cases were notified, as compared with 119 in 1895.

Sanitation Generally.—The provisions of the Public Health Water Act of 1878 are being enforced, 44 notices A. and B. were served, and 120 well-waters examined. It is urged that bye-laws for new streets and buildings should be adopted as soon as possible. It is also pointed out that better control over the structure and method of cesspool drainage is necessary. The District is the happy hunting-ground of the “jerry builder.”

Ashford.—This parish was free from infectious disease, but some sore throats occurred at the Welsh School. The “Common” has not improved.

Bedfont.—The Thames Conservators were busy in this parish. Troubles have arisen with reference to certain covered-in ditches and the connections into them.

Cranford.—Little of moment occurred in this Parish.

Feltham.—This village is rapidly growing. White Row has been closed and demolished. Scarlet fever prevailed in February, but was checked by proper measures.

Hanworth.—Mumps was epidemic here. The Newman Estate remains water-logged. Summer diarrhœa was prevalent.

Harlington.—The schools were closed for five weeks on account of an epidemic of measles, which caused seven deaths.

Harmendsworth.—Nothing of importance occurred in this Parish.

Jaleham.—Was also quiet.

Shepperton.—The fruit and vegetable pickers' huts in this neighbourhood have been put into more habitable condition.

Stanwell.—Typhoid fever again broke out in this Parish, and there is great difficulty in obtaining good water, but recommendations have been made to that end. An epidemic of measles occurred in June. A mortuary has been erected in the new cemetery, which gives general satisfaction.

SOUTH MIMMS RURAL DISTRICT.

Medical Officer of Health, W. Gruggen, L.R.C.P., D.P.H.
Estimated population, 2,510.

Births, 83; Birth-rate, 33·0.

Deaths, 35; Death-rate, 15·1 (including proportion of deaths in Barnet Union Workhouse).

Deaths under 1 year, 7; Infantile mortality rate, 80.

Statistics.—Zymotic diseases caused 3 deaths, equal to a rate of 1·1 per 1,000. West Barnet now forms part of the Barnet Urban District in the County of Hertford.

Infectious Diseases Notification.—The Act has been in force since 1890. During the year, 34 cases were notified, namely, 21 of scarlatina, and 4 of diphtheria. Twenty-one of the scarlet fever cases occurred in the Potter's Bar District, most of them in September, in connection with the Infant School.

Isolation Hospital.—Attention is again called to the want of provision for isolation.

Water Supply.—South Mimms and Potter's Bar are supplied by the Barnet Company. One well-water, analysed was found polluted.

Drainage and Sewerage.—South Mimms is well sewered and the sewage treated on eight acres of land. The Council are making efforts to carry a scheme to sewer Potter's Bar.

Sanitation.—This is enumerated in the Tables C.

UXBRIDGE RURAL DISTRICT.

Medical Officer of Health, Charles Roberts, M.R.C.S.

Estimated population, 15,347 (excluding inmates of workhouse not belonging to District).

Births, 468 ; Birth-rate, 30·5.

Deaths, 210 ; Death-rate, 13·6 (excluding 18 non-residents dying in the workhouse).

Deaths under 1 year, 51 ; Infantile mortality-rate, 109,

Statistics.—The death-rate is the lowest ever recorded. Part of the workhouse has been excluded from the figures. The deaths from the principal zymotic diseases numbered 33, equal to a rate of 1·4 per 1,000.

Infectious Diseases Notification.—The Act has been in force since January, 1890. The ages are not given on the notification certificates. During the year, 143 notifications were received, the numbers being 84 in 1895, 88 in 1894, and 205 in 1893.

Epidemics.—There was a prevalence of scarlet fever in Hillingdon, Cowley, and Hayes, and of diphtheria in Hillingdon and Cowley. Measles was also prevalent, especially in Viewsley.

Isolation Hospital.—The following were the admissions during the year :—

FROM			Smallpox.	Scarlatina.	Diphtheria.	Total.
Uxbridge Urban District.	..	..	0	33	6	39
Uxbridge Rural District.	..	..	0	64	19	83
Southall-Norwood District.	..	..	4	53	1	58
Totals			4	150	26	180

Recently, patients were refused for want of room, and it is urged that great benefit will be derived when Southall has a hospital of its own. Each separate disease now has special nurses. Extra closets, with bath-room and dressing-room, are being constructed. The drainage is very primitive and imperfect.

Water Supply.—Nine samples of water were analysed during the year; 2 from the canal were bad.

Drainage.—With the exception of Ruislip, nothing has been done to improve the drainage, but a Local Government Board Inquiry was held into a system of drainage proposed for Hillingdon, Cowley, Yiewsley, and West Drayton. The new sewage works of the Uxbridge Urban District are progressing, and, when completed, it is hoped that the effluent will no longer pollute the River Colne.

Sanitation.—A number of houses have been condemned as unfit for habitation, and others demolished. 840 nuisances have been dealt with, but Tables C. do not accompany the Report.

PART III.

STATISTICAL TABLES.

Note.—The Statistical Notes at the commencement of the Summaries of many of the Districts must be read in conjunction with the Statistical Tables A and B, especially for explanations of the numbers referring to Public Institutions.

TABLE OF DEATHS during the Year 1896, in the Districts of the COUNTY OF MIDDLESEX, classified according to DISEASES, AGES, and LOCALITIES.

DISTRICTS.	Estimated Population, 1896.	Registered Births, 1896.	MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES.								MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.																					
			At all ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
										Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	FEVERS.					Cholera.	Erysipelas.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Rheumatic Fever.	Phthisis.	Bronchitis, Pneumonia, and Pleurisy.	Heart Disease.	Injuries.	All other Diseases.	TOTAL.		
														Typhus.	Euteric or Typhoid.	Continued.	Relapsing.	Puerperal.														
* = non-residents dying within the District excluded. + = residents dying without the District included.																																
URBAN.																																
Acton+	29,151	894	464	151	81	27	12	102	91	Under 5	..	1	8	..	..	2	..	..	..	..	21	21	37	..	..	..	..	..	371	464	
Brentford	14,638	492	278	91	71	17	11	52	36	Under 5	..	2	5	..	..	..	..	..	..	30	11	13	..	7	27	..	..	67	162		
Chiswick*	25,182	724	355	108	53	20	12	88	74	Under 5	..	3	6	3	..	2	..	..	1	..	1	10	26	21	..	4	24	1	1	61	161
Ealing	31,500	651	308	70	47	21	12	81	76	Under 5	..	..	2	1	..	1	..	..	..	13	20	13	..	7	21	..	2	40	117		
Edmonton*+ (excluding Strand Workhouse and Schools, and major part of Edmonton Workhouse, pop., 1896, 1,861)	32,645	975	500	169	86	20	22	106	97	Under 5	..	2	3	1	..	..	..	..	..	33	12	59	..	2	53	..	3	87	255		
Enfield	36,000	1,069	475	158	71	31	13	112	90	Under 5	..	2	1	..	..	5	..	..	4	..	3	..	2	3	45	39	31	9	101	245	
Finchley*+	18,651	496	200	46	14	10	11	55	64	Under 5	..	5	10	..	..	8	..	..	..	..	14	20	42	..	23	105	24	16	..	..
Friern Barnet*+ (excluding L.C.C. Asylum) pop., 1896, 2,900	8,377	213	72	18	..	..	..	..	..	Under 5	..	..	2	..	..	2	..	..	..	..	..	1	5	9	..	..	9	..	2	31	60
Greenford	747	21	6	1	..	1	1	1	2	Under 5	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hampton	6,000	157	67	17	3	3	5	18	21	Under 5	..	..	2	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hampton Wick	2,378	52	24	..	3	1	3	8	9	Under 5	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Harwell (including C. L. D. Schools) pop., 1891, 809	6,632	175	98	23	24	9	5	24	13	Under 5	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Harrow	8,873	194	71	22	7	..	1	25	16	Under 5	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hendon (including Hendon Union Workhouse)	18,862	589	330	95	49	14	15	82	75	Under 5	..	..	2	1	..	..	..	..	..	..	23	10	10	..	1	34	1	3	62	147	
Heston and Isleworth* (excluding 110 deaths of non-residents in the Union Workhouse)	28,352	790	411	119	45	22	15	86	124	Under 5	..	2	8	..	..	..	..	..	..	..	1	13	15	11	..	7	20	..	1	80	158
Hornsey	62,076	1,294	523	133	56	25	21	149	139	Under 5	..	1	5	..	..	2	..	..	1	..	1	1	..	7	1	26	43	25	7	133	253
Southall - Norwood+ (excluding L.C.C. Asylum) pop., 1896, 2,167	7,184	207	91	31	11	7	8	11	23	Under 5	..	4	6	1	..	1	..	..	..	..	4	17	9	1	..	33	3	5	105	189	
Southgate* (excluding the M.A.B. N. Hosp.)	12,500	315	103	25	..	..	..	..	34	Under 5	..	4	6	..	..	5	..	..	1	..	2	..	..	2	30	63	65	6	150	334	
South Hornsey	17,200	395	240	45	..	..	..	..	52	Under 5	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Staines+	5,270	166	57	10	7	..	2	24	14	Under 5	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sunbury	4,400	146	44	12	4	1	2	13	12	Under 5	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Teddington	12,100	260	136	31	10	11	3	43	33	Under 5	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tottenham* (excluding 103 deaths, N.E. Hosp., M.A.B.?)	83,790	2,513	1,124	377	205	61	32	289	160	Under 5	..	5	21	1	..	..	..	..	..	..	2	57	35	58	..	9	99	6	6	259	548
Twickenham	18,000	455	203	58	21	6	9	65	44	Under 5	..	10	5	1	..	13	..	..	2	..	1	4	3	4	1	77	106	58	28	271	575
Uxbridge	8,636	219	129	28	11	7	10	30	43	Under 5	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wealdstone	3,141	92	31	15	3	1	..	8	4	Under 5	..	..	3	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wembley	4,340	119	39	11	6	4	2	8	8	Under 5	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Willesden (proportion in Workhouse, Asylums, etc., not excluded)	85,421	2,749	1,210	460	240	46	28	280	156	Under 5	..	11	19	1	..	1	..	..	..	..	2	119	40	68	..	10	94	8	13	314	700
Wood Green+	30,116	911	380	138	59	15	16	95	57	Under 5	..	6	9	3	..	9	..	..	7	..	1	5	1	4	9	70	59	69	11	247	510
RURAL.																																
Hendon	7,679	173	79	19	9	2	5	18	26	Under 5	..	2	5
Staines (including Union Workhouse)	19,500	539	238	52	28	15	8	61	74	Under 5	..	..	2	3	..	..	..	..	..	..	8	2	4	..	3	7	4	..	37	51	..
South Mimms+	2,510	83	35	7	2	..	..	13	13	Under 5	..	2	2	..	..	2	..	..	..	..	2	..	..	..	1	17	28	31	4	69	158
Uxbridge* (excluding part of Workhouse)	15,347	468	210	51	25	11	9	52	62	Under 5	..	1	1	1

TABLE of POPULATION, BIRTHS, and of NEW CASES of INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officers of Health, during the Year 1896, in the Districts of the COUNTY of MIDDLESEX; classified according to DISEASES, AGES, and LOCALITIES.

DISTRICTS.					POPULATION AT ALL AGES, INCLUDING PUBLIC INSTITUTIONS.		Registered Births.	Aged under 5 or over 5.	NEW CASES OF SICKNESS IN EACH LOCALITY, COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.											NUMBER OF SUCH CASES REMOVED FROM THEIR HOMES IN THE SEVERAL LOCALITIES FOR TREATMENT IN ISOLATION HOSPITALS.										
					Census 1891.	Estimated to middle of 1896.			1	2	3	4	FEVERS.					10	11	1	2	3	4	5	6	7	8	9	10	11
													Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.													
(a)	(b)	(c)	(d)	(e)	Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Cholera.	Erysipelas.	Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Cholera.	Erysipelas.				
URBAN.																														
Acton	21,207	29,454	894	{ Under 5 5 upwds. }	..	193	23	..	..	14	..	..	3	..	26	..	..	..	..	..	..	..	..	..	..	..
Brentford	13,726	14,638	492	{ Under 5 5 upwds. }	..	23	6	..	..	..	..	..	..	..	1	..	15	3	..	..	..	..	..	..	..	..
Chiswick	21,965	25,182	724	{ Under 5 5 upwds. }	1	51	13	4	..	2	..	..	..	..	6	..	19	2	..	..	2	1	..	..	..	2
Ealing	23,965	31,500	651	{ Under 5 5 upwds. }	..	163	17	..	..	10	6	..	..	..	47	1	85	2	..	..	2	..	..	..	..	..
Edmonton	23,473	33,906	1,020	{ Under 5 5 upwds. }	..	84	36	1	..	5	..	..	4	..	11	..	44	12	..	..	..	..	..	..	..	..
Enfield .. .. .	..	36,000	1,069	{ Under 5 5 upwds. }	3	58	9	1	..	4	..	..	..	..	5	..	5	1	..	..	2	..	..	..	..	..
Finchley	16,419	18,651	496	{ Under 5 5 upwds. }	..	212	19	..	..	29	..	..	4	..	54	3	61	1	..	..	..	..	..	..	..	..
Friern Barnet	9,174	11,227	213	{ Under 5 5 upwds. }	..	148	78	..	..	39	1	..	8	..	49	..	89	..	..	..	..	..	..	..	..	..
Greenford	660	747	21	{ Under 5 5 upwds. }	..	10	7	..	..	..	..	..	..	..	..	..	3	2	..	..	..	..	..	..	..	..
Hampton	5,800	6,000	157	{ Under 5 5 upwds. }	..	23	18	..	..	12	..	..	1	..	14	..	13	6	..	..	..	..	..	..	..	..
Hampton Wick	2,378	2,378	52	{ Under 5 5 upwds. }	..	21	12	..	..	7	..	..	1	..	8	..	..	..	..	..	..	..	..	..	..	..
Hanwell	6,139	6,632	175	{ Under 5 5 upwds. }	..	1	1	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..
Harrow	5,729	8,373	194	{ Under 5 5 upwds. }	..	9	3	1	..	..	..	..	..	..	..	..	24	3	..	..	1	..	..	..	..	..
Hendon	15,843	18,862	589	{ Under 5 5 upwds. }	..	49	11	..	..	2	..	..	2	..	5	..	3	..	..	..	..	..	..	..	..	..
Heston and Isleworth	26,271	28,352	790	{ Under 5 5 upwds. }	..	..	1	..	..	..	..	..	..	..	..	..	25	14	..	..	..	..	..	..	..	..
Hornsey	44,205	62,076	1,294	{ Under 5 5 upwds. }	5	34	7	1	..	..	..	..	..	..	3	..	46	..	..	..	..	..	..	..	..	..
Southall-Norwood	7,225	9,351	207	{ Under 5 5 upwds. }	..	74	10	..	..	8	..	..	3	..	23	3	12	..	..	..	..	..	..	..	..	..
Southgate (excluding M.A.B. N. Hospital)	10,622	12,500	315	{ Under 5 5 upwds. }	..	41	15	..	..	1	..	..	..	..	2	..	53	..	..	..	..	..	..	..	..	..
South Hornsey .. .. .	..	17,200	395	{ Under 5 5 upwds. }	..	158	43	..	..	6	..	..	2	..	15	..	61	2	..	..	1	..	..	..	..	..
Staines	5,060	5,270	166	{ Under 5 5 upwds. }	4	530	95	1	..	34	1	..	5	..	39	2	212	22	..	..	..	..	..	..	..	8
Sunbury	4,099	4,400	146	{ Under 5 5 upwds. }	4	56	2	2	..	2	..	..	1	..	7	4	55	2	..	..	..	..	..	..	..	..
Teddington	10,025	12,100	260	{ Under 5 5 upwds. }	..	49	17	..	..	14	..	..	1	..	14	..	19	..	..	..	..	..	..	..	..	..
Tottenham (excluding M.A.B. N.E. Hospital)	71,343	83,790	2,513	{ Under 5 5 upwds. }	..	78	31	2	..	7	..	..	1	..	8	..	13	3	..	..	1	..	..	..	..	..
Twickenham	16,026	18,000	455	{ Under 5 5 upwds. }	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Uxbridge	8,206	8,636	219	{ Under 5 5 upwds. }	..	12	..	..	..	8	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Wealdstone .. .. .	..	3,141	92	{ Under 5 5 upwds. }	..	24	7	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wembley	3,200	4,340	119	{ Under 5 5 upwds. }	..	6	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Willesden	61,266	85,421	2,749	{ Under 5 5 upwds. }	..	30	14	..	..	3	..	..	1	..	17	..	35	6	..	..	..	..	..	..	..	..
Wood Green	25,831	30,116	911	{ Under 5 5 upwds. }	..	157	59	4	..	9	..	..	..	..	7	..	155	7	..	..	5	..	..	..	..	..
				{ Under 5 5 upwds. }	..	522	111	2	..	97	1	..	9	..	99	..	23	..	..	..	3	..	..	..	..	..
				{ Under 5 5 upwds. }	..	44	20	2	..	12	2	..	4	..	25	..	32	7	..	..	..	..	..	..	..	..
				{ Under 5 5 upwds. }	..	41	14	..	..	1	..	..	1	..	6	..	32	7	..	..	..	..	..	..	..	..
				{ Under 5 5 upwds. }	..	2	2	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..
				{ Under 5 5 upwds. }	..	2	1	..	..	4	..	..	1	..	12	..	..	..	..	..	2	..	..	..	..	..
				{ Under 5 5 upwds. }	..	6	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..
				{ Under 5 5 upwds. }	..	9	1	..	..	1	..	..	1	..	6	..	2	..	..	..	..	..	..	..	..	..
				{ Under 5 5 upwds. }	..	157	58	2	..	8	..	..	..	..	11	..	84	16	..	..	..	..	..	..	..	1
				{ Under 5 5 upwds. }	2	318	113	..	..	44	1	..	10	1	90	2	198	35	..	..	5	..	..	..	..	2
				{ Under 5 5 upwds. }	..	24	4	..	..	6	..	..	2	..	41	..	..	..	..	..	..	..	..	..	..	..
				{ Under 5 5 upwds. }	1	60	32	..	..	23	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
RURAL.																														
Hendon .. .. .	..	7,679	173	{ Under 5 5 upwds. }	..	20	24	..	..	2	..	..	1	..	10	..	..	..	..	..	..	..	..	..	..	..
Staines .. .. .	..	19,500	539	{ Under 5 5 upwds. }	..	65	12	1	..	7	..	..	..	..	13	..	..	..	..	..	..	..	..	..	..	..
South Mimms	2,419	2,510	83	{ Under 5 5 upwds. }	..	5	..	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..
Uxbridge	14,438	15,347	468	{ Under 5 5 upwds. }	..	8	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
				{ Under 5 5 upwds. }	..	22	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
				{ Under 5 5 upwds. }	..	81	27	1	..	14	..	..	..	..	21	..	18	3	..	..	..	..	..	..	..	..
				{ Under 5 5 upwds. }	..	..	..	..	..	..	..	..	..	..	..	..	38	16	..	..	..	..	..	..	..	..



Sanitary Districts.	Inspections.							Notices.				Dwelling Houses.					Houses let in separate Dwellings or Lodgings.	Common Lodging Houses.			Canal Boats used as Dwellings.			Movable Dwellings, Caravans, Tents, &c.							
	Complaints Received.	Cases of Infectious Disease Notified.	Number of Premises periodically Inspected.	Houses Inspected from House-to-House.	Total Number of Houses, Premises, &c., Inspected.	Total Number of Re-inspections after Order or Notice.	Total Number of Inspections and Re-inspections.	Letters Written.	Cautionary Notices Given.	Statutory Orders Issued.	Summonses Served.	Convictions Obtained.	Houses, Premises, &c., Cleansed, Repaired, &c.	Closed as Unfit for Habitation.	Re-opened after Repairs, Alterations, &c.	Demolished.	Illegal Underground Dwellings Vacated.	Number Registered under Bye-laws.	Periodical, Frequency, or Number of Inspections.	Number of Contraventions.	Number Registered under Bye-laws.	Periodical, Frequency, or Number of Inspections.	Number of Contraventions.	Number Registered under the Acts.	Periodical, Frequency, or Number of Inspections.	Number of Contraventions of Regulations.	Number Observed during the Year.	Number of Nuisances therefrom Abated.	Number Removed from District.		
NOTE.—Asterisks or other signs appearing opposite a District, signify that those columns of the District are taken together. 0 = None. .. = No return.																															
URBAN.																															
Acton	129	..	..	..	$\left\{ \begin{smallmatrix} 152 \\ 238 \\ 802 \end{smallmatrix} \right\}$	$\left\{ \begin{smallmatrix} 760 \\ 730 \end{smallmatrix} \right\}$	..	..	146	..	..	..	..	..	..	..	..	No register	..	7	135	1	$\left\{ \begin{smallmatrix} 12 \\ 239 \end{smallmatrix} \right\}$	168	21	..	..	..	..	..
Brentford	24	..	..	360	$\left\{ \begin{smallmatrix} 802 \\ 557 \end{smallmatrix} \right\}$	750	..	..	302	30	7	7	50	4	..	..	..	No register	..	7	135	1	$\left\{ \begin{smallmatrix} 12 \\ 239 \end{smallmatrix} \right\}$	168	21	..	..	..	..	..
Chiswick	141	..	..	..	1,175	..	..	..	526	..	4	..	234	..	..	..	..	No register	..	7	135	1	$\left\{ \begin{smallmatrix} 12 \\ 239 \end{smallmatrix} \right\}$	168	21	..	..	..	..	..
Ealing .. .. .	..	..	..	..	691	..	..	..	81	..	..	..	87	..	..	..	..	No register	..	1	62	..	..	69	3	..	..	..	..	210
Edmonton	93	..	..	855	..	..	5,149	714	662	247	..	10	34	13	7	6	..	No register	..	1	62	..	..	69	3	..	..	..	..	210
Enfield .. .. .	..	321	203	..	2,036	4,954	8,740	1,604	$\left\{ \begin{smallmatrix} 548 \\ 238 \end{smallmatrix} \right\}$	112	..	..	$\left\{ \begin{smallmatrix} 105 \\ 147 \end{smallmatrix} \right\}$	3	3	..	..	..	..	0	..	..	0	..	..	0	..	..	..	..
Finchley	64	86	84	387	588	944	1,532	320	45	744	3	3	31	..	..	..	..	0	0	0	0	0	0	0	0	0	0	0	0	0
Friern Barnet	8	159	20	436	456	872	1,328	386	5	113	8	7	11	..	..	..	..	..	..	..	..	..	..	..	..	..	11	..	..	9
Greenford	13	5	..	..	60	28	88	58	59	..	3	1	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hampton .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hampton Wick	41	3	..	..	114	..	..	..	..	28	..	..	..	..	..	..	..	0	..	..	0	..	..	..	..	..	..	..	..	..
Hanwell .. .. .	..	89	..	..	..	..	..	*	77*	129	7	7	..	13	2	..	..	0	..	..	0	..	..	..	..	..	..	..	..	..
Harrow .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hendon	145	950	130	788	241	68	1,321	45	76	11	..	..	43	..	..	..	..	90	..	..	0	..	..	..	..	..	163	..	163	
Hendon and Isleworth	70	292	168	429	6,027	2,559	8,686	*	2,466*	140	38	36	139	12	4	0	$\left\{ \begin{smallmatrix} \text{none in} \\ \text{District} \end{smallmatrix} \right\}$	$\left\{ \begin{smallmatrix} 3 \\ 48 \end{smallmatrix} \right\}$	3	48	3	2	50	1	0	337	10	76	0	all	
Hornsey	901	709	72	273	1,803	3,656	5,535	many	234	19	1	1	53	3	..	..	..	Bye laws not in force.	..	..	0	..	..	$\left\{ \begin{smallmatrix} \text{inspected} \\ 149 \end{smallmatrix} \right\}$	72	20	30	..	30	
Southall-Norwood	75	74	37	..	..	..	..	114	..	18	2	2	3	5	0	0	0	Bye laws not in force.	..	..	0	..	..	$\left\{ \begin{smallmatrix} \text{inspected} \\ 149 \end{smallmatrix} \right\}$	72	20	30	..	30	
Southgate	35	visits 290	177	156	658	945	1,603	259	210	60	2	2	107	2	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	50
South Hornsey	50	127	..	..	520	1,100	..	720	65	210	5	4	75	1	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..
Staines .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sunbury	66	33	12	..	70	40	110	69	5	4	..	..	30	..	14	..	..	..	..	..	..	..	..	..	..	1	..	1		
Teddington	87	76	..	..	..	..	900	72	20	7	..	..	15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tottenham	679	1,087	..	1,677	3,245	12,080	16,225	1,504	4,247	1,158	2	1	406	3	..	..	..	..	..	..	5	312	..	..	..	281	6	174		
Twickenham	40	109	61	1,624	620	400	1,020	75	..	205	4	2	52	5	0	0	0	0	0	0	0	0	0	0	0	2	2	2			
Uxbridge	20	63	..	895	1,141	106	1,247	many	..	165	1	1	11	..	..	..	..	..	..	..	4	8	..	14	72	14	6	..	6	
Wealdstone .. .. .	..	26	..	..	..	..	..	623	42*	*	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wembley .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Willesden	484	815	272	2,784	4,385	1,459	5,814	818	567	231	10	10	47	5	0	5	4	320	..	..	4	nthly.	6	0	$\left\{ \begin{smallmatrix} \text{weekly} \\ 106 \end{smallmatrix} \right\}$	21	36*	*	*	
Wood Green	186	187	108	399	1,301	3,711	5,012	596	791	83	6	2	29	3	..	..	..	No bye laws.	..	..	..	..	..	..	..	..	54	..	54	
RURAL.																															
Hendon .. .. .	..	57	..	..	..	..	..	141	29	3	..	..	24	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Staines .. .. .	..	..	..	..	..	..	..	$\left\{ \begin{smallmatrix} \text{about} \\ 200 \end{smallmatrix} \right\}$	97	116	3	3	52	18	..	18	..	..	..	..	..	..	..	..	..	..	..	17	..	17
South Mimms .. .. .	..	..	..	151	..	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Uxbridge .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

Sanitary Districts.	Schools.			Workshops and Work-places.			Laundries.			Bakehouses.			Slaughter-houses.			Cow-sheds.			Dairies and Milk-shops.			Unsound Food.		Adulterated Food.		Offensive trades.			Mortuaries.		
	Number in District.	Periodical Frequency or Number of Inspections.	Number found defective.	Number in District.	Periodical Frequency or Number of Inspections.	Contraventions of Factory Acts.	Number in District.	Periodical Frequency or Number of Inspections.	Contraventions of Factory Acts.	Number in District.	Periodical Frequency or Number of Inspections.	Contraventions of Factory Acts.	Number on Register.	Periodical Frequency or Number of Inspections.	Contraventions of Bye-laws.	Number on Register.	Periodical Frequency or Number of Inspections.	Contraventions of Bye-laws.	Number on Register.	Periodical Frequency or Number of Inspections.	Contraventions of Bye-laws.	Animals seized.	Articles or parcels seized.	Samples taken.	Found adulterated.	Number of premises in District.	Periodical Frequency or Number of Inspections.	Contraventions of Bye-laws.	Accommodation.	Number of bodies received.	
URBAN.																															
Acton .. .. .	..	11	..	..	..	..	..	..	..	..	26	..	..	95	..	..	65*	..	..	*	..	..	6	..	..	..	..	..	..	7
Brentford	15	..	..	12	..	..	..	..	..	22	freqt.	..	8	freqt.	..	5*	..	..	23*	freqt.	..	..	..	..	..	..	..	..	..	7
Chiswick .. .. .	..	..	..	..	..	..	41	..	..	16	..	..	8	..	..	*	..	..	35*	..	..	..	..	..	..	..	..	..	..	7
Ealing .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7
Edmonton	15	..	..	8	..	..	6	..	..	20	..	..	..	341	..	..	408	..	..	{ 116 224 }	..	..	69	..	..	..	..	..	..	5
Enfield	23	39	5	..	56	7	12	12	5	33	71	8	15	25	4	37	40	16	62	..	..	0	0	0	..	0	..	..	1	5
Finchley	23	1	1	0	0	0	11	2	3	15	2	0	14	2	0	12	2	0	27	33	1	0	0	0	0	0	0	0	0	2	5
Friern Barnet	5	20	..	1	4	..	4	12	..	5	20	..	2	8	..	6	24	..	9	2	0	0	0	0	0	0	0	0	1	5	
Greenford	1	2	..	1	1	..	1	1	..	..	..	..	..	..	..	..	21	..	6	12	..	..	..	..	..	..	..	..	0	5
Hampton .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5
Hampton Wick	3	freqt.	..	7	freqt.	..	7	freqt.	..	4	qtrly.	..	2	qtrly.	..	2	freqt.	..	3	qtrly.	..	..	..	..	..	..	..	..	..	5
Hanwell	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	40	..	..	..	..	..	..	..	5
Harrow .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5
Hendon	10	freqtly.	1	..	..	11	60	freqtly.	..	11	qtrly.	..	10	qtrly.	..	20	hf.-yrly.	..	19	hf.-yrly.	..	..	..	..	..	..	..	..	..	14
Heston and Isleworth	40	52	2	28	152	3	12	48	1	36	432	4	18	252	2	29	360	3	40	500	2	0	5	0	0	0	0	0	0	14	
Hornsey .. .. .	..	..	..	..	..	..	..	..	..	25	hf.-yrly.	..	9	wkly.	..	9	mfthly.	..	31	mfthly.	..	..	..	..	..	..	..	..	..	0
Southall-Norwood	7	freqt.	0	10	hf.-yrly.	..	..	0	..	9	hf.-yrly.	3	6	hf.-yrly.	..	7	mfthly.	..	5	mfthly.	..	..	..	..	..	..	..	..	..	29
Southgate	7	freqt.	1	..	..	..	..	..	..	11	freqt.	..	7	freqt.	..	19	freqt.	..	17	freqt.	..	..	..	..	..	..	..	..	ample.	6
South Hornsey .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	6
Staines .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18
Sunbury .. .. .	..	..	..	..	..	..	..	..	..	4	2	..	..	2	..	8	2	..	8	2	..	..	..	..	..	..	..	..	..	1
Teddington	4	..	..	..	..	..	..	..	..	..	..	..	6	..	..	10	..	..	12	2	..	..	..	..	..	..	..	..	..	1
Tottenham	79	80	2	72	180	..	55	140	..	64	520	3	18	468	4	12	312	2	179	701	2	..	15	..	..	..	..	..	5	110
Twickenham	15	occasn.	7	22	occasn.	1	10	hf.-yrly.	7	15	hf.-yrly.	3	12	freqtly.	3	11	freqtly.	5	14	freqtly.	0	0	0	2	8
Uxbridge	7	16	1	..	..	..	..	..	..	7	freqt.	..	8	32	..	8	..	..	5	..	..	..	..	1	..	1	1	..	0	8
Wealdstone .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	2	hf.-yrly.	nobyelws	5	hf.-yrly.	3	9	hf.-yrly.	2	..	..	..	..	..	..	..	..	0
Wembley .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0
Willesden	21	yrly.	0	60	yrly.	13	165	yrly.	32	49	yrly.	17	9	qtrly.	5	12	yearly	7	72	yrly.	17	0	4	..	..	0	..	..	..	31 infectious
Wood Green .. .. .	..	..	2	22	41	..	20	42	3	15	39	2	5	93	..	11	67	..	33	100	..	..	2	..	..	..	..	..	3	34 non-infect.
RURAL.																															
Hendon .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	25
Staines .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	25
South Mimms	4	6	..	..	..	..	..	..	..	2	..	..	2	..	..	..	hf.-yrly.	..	..	hf.-yrly.	..	..	..	..	..	..	..	..	..	25
Uxbridge .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	25



NOTE.—Asterisks or other signs appearing opposite a District, signify that those columns of the District are taken together.

0 = None.
 . = No return.



Sanitary Districts.	Disinfection.			Dust.			Dampness.							Sundry Nuisances Abated.						Contagious Diseases of Animals.		Infant Life Protection Act.						
	Rooms fumigated.	Rooms stripped and cleansed.	Articles disinfected or destroyed.	Dust-bins repaired.	New bins provided.	Movable receptacles substituted for fixed.	Periodical frequency of dust removal.	Number of complaints of non-removal received.	Roofs repaired, &c.	Guttering and rain-pipes repaired, &c.	Gardens, Areas, &c., levelled and drained.	Yards paved and drained.	Surface adjoining houses paved.	Dry areas provided.	Ventilation below floor provided.	Basements rendered impervious.	Overcrowding.	Smoke.	Accumulations of refuse.	Foul ditches, ponds, &c., and stagnant water.	Foul pigs and other animals.	Other nuisances.	Outbreaks.	Animals infected.	Animals destroyed.	Number of licensed premises.	Number of children.	Number of deaths.
URBAN.																												
Acton	139*	..	5*	..	25	8	8	10	8	23	13	6	53						
Brentford	82	15	120	10	45	..	Weekly	..	25	50	..	10	5	..	5	..	35	..	9	50						
Chiswick	141	..	..	13	76	..	..	333	..	..	..	..	..	..	..	..	5	..	21	..	21						
Ealing	113	..	..	..	125	..	..	..	33	..	..	..	..	..	..	..	6	..	..	..	21						
Edmonton .. ..	..	..	..	..	..	..	..	46	*	155*	..	32	..	*	12*	..	..	..	..	..	..	300	..	..	..	3	{ 1 prosecution
Enfield	198	190	4,351	..	265	..	Weekly	200	59	30	..	65	..	..	54	..	4	4	24	12	4	136	..	..	..	0	
Finchley	37	9	10	24	77	15	Weekly	35	12	7	0	34	0	1	3	1	6	1	1	3	13	48						
Friern Barnet ..	43	4	..	..	8	8	34	11	36	27	..	..	42	..	36	43	1	..	6	..	23	4					
Greenford	8	4	8	..	..	..	..	..	8	6	6	6	..	..	..	..	2	..	5	18	3						
Hampton .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hampton Wick ..	3	..	..	..	..	..	fortnightly	26	8	7	..	..	..	..	..	..	..	..	5	..	2	5	..	..	..	0	
Hanwell	26*	*	..	..	{ about 25 }	..	Weekly	5	..	..	..	..	..	..	..	..	1	..	6	..	2	..	..	..	..	1	2
Harrow .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hendon	165	17	Lots	17	70	109	Weekly	144	10	8	..	..	..	..	..	..	3	4	160	5	13	45	2	67	54		
Heston and Isleworth ..	286	24	520	10	178	0	..	10	66	80	21	27	5	0	9	2	13	4	459	16	24	29	10	0	0	0
Hornsey	700	350	3,500	24	196	107	Weekly	76	14	68	35	53	39	..	34	18	..	3	65	27	26	102	..	..	..	0	
Southall-Norwood ..	..	4	all	0	..	all	Weekly	0	3	2	..	13	..	..	..	..	3	..	32	8	14	18	4	..	..	0	
Southgate	80	70	22	26	72	..	Weekly	25	45	24	2	89	..	2	66	2	2	..	3	1	2	..	..	..	..	0	
South Hornsey ..	150	..	72	..	66	..	..	..	8	8	..	40	..	..	5	..	1	3	15	..	4	18	..	..	..	0	
Staines .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sunbury	14	14	..	..	..	..	Weekly	8	..	..	..	..	..	..	..	..	..	..	1	3							
Teddington .. ..	..	..	..	13	30	..	fortnightly	..	..	9	..	..	..	..	9	..	..	..	14	..	3						
Tottenham	753	645	271	61	495	20	Weekly	872	291	369	..	484	30	5	12	5	47	12	65	3	2	5	1
Twickenham	60	6	2	21	202	93	Weekly	124	15	11	..	6	4	0	31	10	7	12	9	51	51	0	0	0
Uxbridge	60	..	many	..	3	..	Weekly	..	10	7	..	1	4	1	7	..	12	119	113	0	0	0
Wealdstone	9	..	sundry	fortnightly	..	6	11	1	..	1	..	5	..	2	4	1	2	1
Wembley .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Willesden	365	58	..	96	56	45	Weekly	134	47	72	*	176*	*	3	5	..	28	5	97	26	18	1	3	1
Wood Green	104	93	1,638	50	Weekly	89	11	20	152	..	5	5	8	10	16	3	15	18	1		
RURAL.																												
Hendon	houses 31	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	7							
Staines	{ houses 52* }	*	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
South Mimms	houses 19	houses 15	..	..	..	..	..	..	..	..	..	..	..	5	..	..	..	..	1	3	1						
Uxbridge.. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

